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Surgery.

HOW TO PRODUCE ANESTHESIA.

By T. G. VAWDREY, M. D., L. R. C. P., Lond., Plymouth, England.

An article by this title, from the pen of Dr. Albert G. Beebe, in the Century of September 1st, is so interesting and of such a practical nature that I venture to hope a similar record of my own experience will not be without interest. Being called upon rather frequently to administer anesthetics, both in hospital and in private practice, it became my business to fix upon the safest and best method of accomplishing that object, and the results of such inquiry are embodied in the following observations:

1. *The Apparatus.*—I have found a leather cone or mask sufficient for all purposes. There are all sorts and conditions of inhalers in the market. Some are useful enough, others are complicated, and all are expensive. I do not care for the open method, as it is called, of giving the anesthetic sprinkled on a towel, for this reason: the patient's face is covered, and the sudden occurrence of pallor or lividity is apt to escape notice. The cone which I use is five inches long, three inches in diameter, and adapted to the contour of the face at its open end. The other end is perforated in several places for the admission of air. It is lined with red flannel, the lining being turned over the mouth of the cone and secured by a rubber band. The lining is removable for washing when necessary. Before using the cone I place a layer of absorbent cotton wool at the bottom, and on this a piece of clean, soft sponge of a size sufficient to maintain itself in place by its own elasticity. This completes the apparatus.

2. *The Anesthetic.*—Like Dr. Beebe, I began with chloroform, but I soon found that this agent was not altogether safe. For children I still invariably use chloroform, and in obstetric practice I have no hesitation in giving that anesthetic to any desirable extent. It seems to be quite safe under those conditions, and it possesses obvious advantages over others for such a purpose. In all other cases, however, I use the A. C. E. mixture. Dr. Beebe, I notice, omits the alcohol, and employs a larger proportion of ether than that in the A. C. E. mixture. Although the alcohol has probably no anesthetic effect by itself when inhaled it yet serves to dilute the chloroform, and so adds to the safety of the mixture. In hot weather I am satisfied that the ether evaporates disproportionately to the chloroform, the result being that after a few minutes the relative proportions of chloroform and ether left in the mask are quite different from those of the mixture before exposed to evaporation. Practically, the patient is inhaling chloroform vapor with a smaller but undetermined quantity of ether vapor admixed. It is here that the alcohol becomes of use, for its effect is to dilute the chloroform long after the ether has ceased to have any such effect. In this town, Plymouth, England, most of the doctors use *Methylene.* I have occasionally used it, but have never been able to see what advantage it possesses over chloroform. Some very good authorities deny the existence of methylene as a fluid of distinctive chemical composition. They say that a fluid sold under this name is simply a mixture of alcohol and chloroform. Whether this view be correct or not I do not venture to say; but I have often given a mixture of alcohol (one part) and chloroform (four parts) in place of methylene, without observing any difference in the effect produced.

3. *Mode of Administration.*—I attach the greatest importance to the precaution, emphasized by Dr. Beebe, of administering the anesthetic *gradually.* It is not merely distressing but actually dangerous to pour on a drachm or two of chloroform and at once apply the cone closely over the patient's nose and mouth. The vapor is too concentrated under such conditions, and time is lost rather than gained by any such attempt to hasten anesthesia. The plan I adopt is to sprinkle about *twenty minims* of chloroform on the sponge in the cone, and then hold the latter about four inches from the patient's face. When this quantity has evaporated I sprinkle on another twenty minims of chloroform and bring the cone close to the face. By this time the vapor is tolerated and the administration may be continued. At this point I substitute the A. C. E. mixture for pure chloroform, where the patient is an adult, and continue the administration with this agent. In children and in obstetric practice chloroform is employed throughout as previously stated. I always have on a table near at hand a hypodermic syringe charged with twenty minims of sulphuric ether, and some brandy-and-water with a spoon in a glass. In case of threatened or actual syncope, the latter are available without an instant's delay. I may add that in an emergency requiring the use of these stimulants I should adopt Dr. Pratt's suggestion and dilate the anal sphincter as well.

4. *Preparation of the Patient.*—I am quite certain that there is danger as well asin convenience in giving chloroform or ether to a patient who has recently partaken of a meal. The action of the

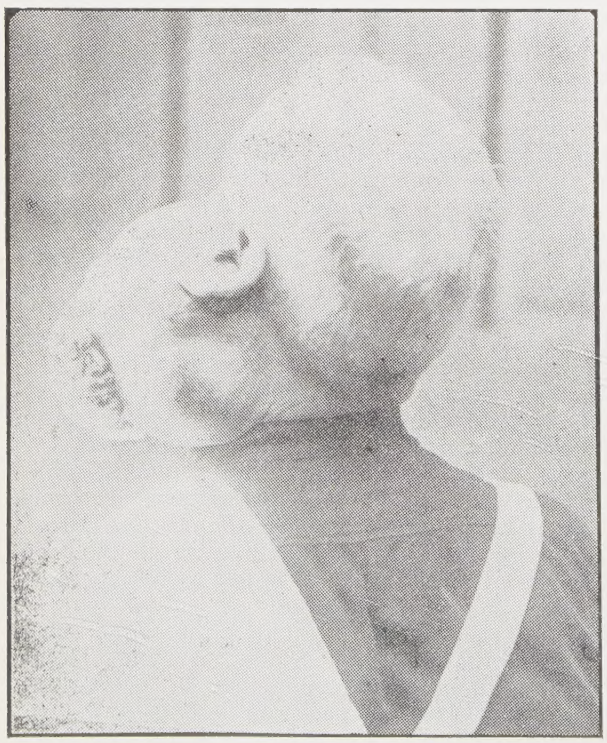
chloroform seems to be at first delayed, and then it seems to operate with a cumulative effect. For this reason I never give chloroform or ether within five hours after a meal. In most cases I prefer to give the anesthetic at 9 in the morning, the patient having no breakfast and only a light supper of bread and milk on the previous night. I find that under such circumstances the anesthetic acts safely, quickly and pleasantly, and there is little or no sickness either during or after the administration. I have the patient lying down with the head and shoulders slightly raised. Where anesthesia has to be maintained for half an hour or more, I am careful to have the warmth of the body maintained by a hot bottle.

In conclusion I would say that attention to details is of supreme importance in this as in many other surgical procedures. Accidents happen when least expected. Nothing should be left to chance, and all preparations for every emergency should be made before the administration is commenced. The administrator should know exactly what to do, and do it. If respiration should cease the head should be lowered and artificial respiration performed without a moment's delay. Under the most careful administration there must be accidents occasionally, but it will be a satisfaction to the administrator as well as to the patient's friends to feel that no blame attaches to the former and that the catastrophe was beyond human control.

A CASE OF MIXED ROUND-CELLED SARCOMA.

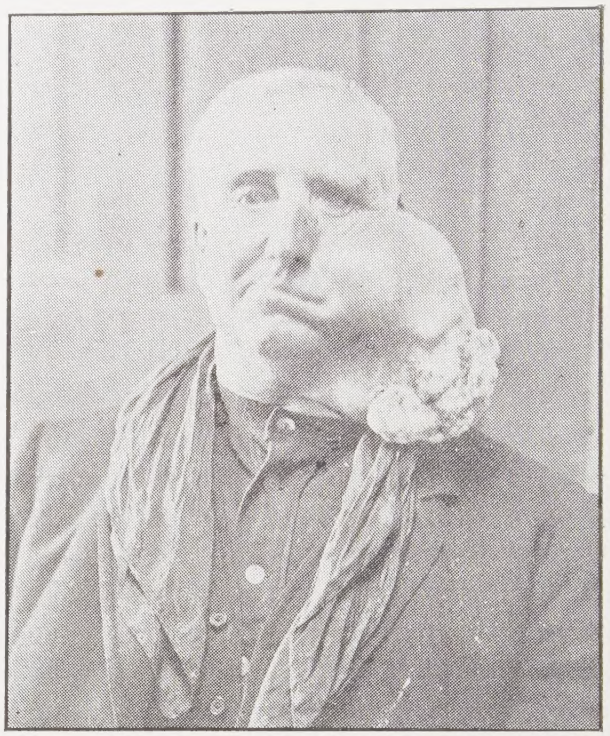
By J. A. MITCHELL, M. D., Newark, Ohio.

R. D. Jones, aged 76, of Newark, Ohio, consulted me about a tumor situated on the left side of the



face and neck, the size and relations of which can be understood by aid of the photographic plates given.

Mr. Jones is a large, well-proportioned man; height 6 feet 5 inches, weight 225 pounds, general health perfect, of Welsh extraction, good family history, a blacksmith by trade; has always enjoyed the best of health. The lump was first noticed

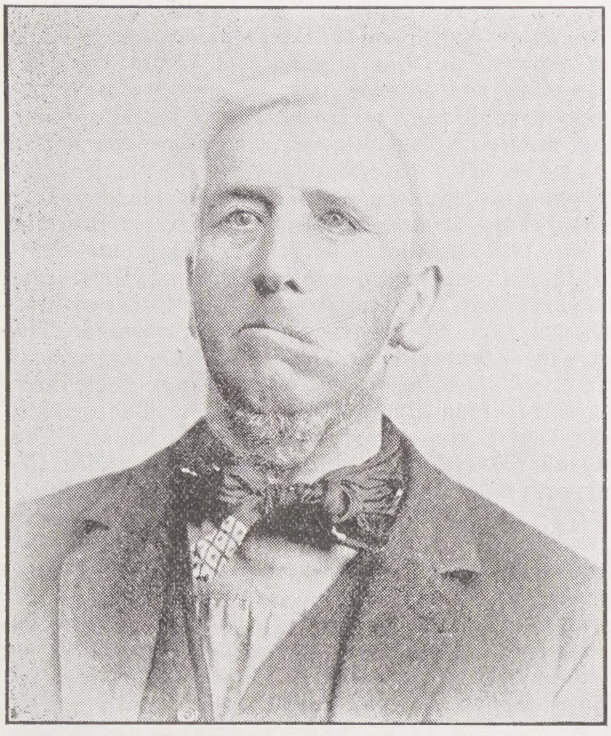


about twenty years ago; it was then hard, painless to pressure, just posterior to the angle of lower jaw, freely movable, seemingly with no attachments to the deeper tissues.

At that time he was advised by different surgeons to have it removed, but thinking it might never give him serious trouble he decided to let it alone. It gradually enlarged, year by year, retaining its smooth, even contour, until ten years ago he received a blow on the lump which gave him great pain and was followed by considerable inflammation and soreness. After the inflammation subsided the growth became noticeably smaller and he congratulated himself that the injury would rid him altogether of the trouble. But after a few months it began to grow again rapidly and become nodular in shape and more firmly fixed to the deeper tissues, but at no time causing any pain or inconvenience, except that it interfered with the function of the facial nerve and by its weight drew down the lower eyelid, which caused considerable irritation of the eye. Several surgeons were again consulted, some of whom advised removal, others advising him to let it alone.

About one year ago it became discolored at its apex and the skin broke down, apparently due to lack of nutrition caused by tenseness of the tumor, and it became a running sore, with frequent hemorrhages which were difficult to control. He became alarmed and decided to have it removed if possible, and consulted me with an operation in view. I expressed the opinion that the growth could be removed, but that owing to his advanced age he might not survive the operation. Drs. Schnieder and Martin, of Cleveland, Ohio, were then consulted

and gave a similar opinion. The patient decided to take his chances and entered my private hospital April 12, 1894, and was operated on the same day. Just before the operation the tumor was photographed, the cuts of which are here given. I was



assisted by Dr. T. C. Martin, of Cleveland, Ohio, Prof. M. P. Hunt, of Ann Arbor, Mich., Dr. H. L. Smith, of Granville, Ohio, and Drs. D. V. Ireland and C. H. Duncan, of Newark.

The patient being etherized an incision was made beginning at a point one inch posterior to the lobe of the ear, extending forward above the broken-down mass at the apex of the tumor to a point near the median line in front, one and one-half inches below the lower border of the lower jaw. A second incision was then made, beginning and ending at the same points as the first, carried below the mass at apex, saving all the healthy skin possible for flaps, which were rapidly dissected from the tumor, and the most difficult part of the operation, the separation at its base, was begun.

The attachments were firm and strong, embracing the underlying muscles, viz., the platysma myoides, sterno-mastoid, zygomatic, major and minor, and masseter; also the deep cervical facia. The blood vessels encountered were branches of the superior thyroid, the facial, occipital and posterior auricular arteries; also the external jugular vein. These vessels were securely ligated before dividing and quickly picked up after division, so that the loss of blood during the operation was immaterial. On this fact alone I think the rapid recovery of the patient largely depended, as people advanced in years do not well bear excessive loss of blood.

After removal of the tumor the flaps were brought together and sutured, except at the angle of jaw, posterior to which there was quite a depression, into which it was impossible to compress the flaps. This was packed with iodoform gauze, a large compress applied and the patient put to bed. He made an uninterrupted recovery, the wound healing by first intention, except at the angle of the jaw. This healed by granulation.

The tumor was sent to Dr. J. E. White, of Cleveland, for a microscopical examination, the result of which was as expressed by the heading of this report.

The patient left the hospital three weeks after the operation. The wound has completely healed and he is in perfect health, with no sign of any return of the trouble. The photograph Fig. 3 was taken three weeks after the operation.

Gynecology.

VAGINAL HYSTERECTOMY: A MINOR OPERATION? MY LAST THREE CASES.

By W. E. GREEN, M. D., Little Rock, Ark.

Were it not for the unknown quantities in surgical operations the life of a surgeon would be truly one of satisfaction and congratulation. Could he always solve the unseen mysteries and see clearly into the future the course would be plain, indeed. How often it is that some unlooked-for complication will arise to throw a doubt upon the prognosis of a case and worry his mind and rob him of sleep; certainty never occupies his thoughts until the case is well. Where is the laparotomist who has not met with the most intricate complications, that taxed his knowledge, resource and skill in the extreme when he expected simplicity? This same fact obtains, to a certain extent, in all operations of importance. Disease changes the anatomical features of regions and the contour and relations of organs until, at times, they become totally unrecognizable. Therefore, there are but few operations of any magnitude that do not demand in the operator definite knowledge of anatomy, pathology, established surgical principles, a certain amount of operative dexterity and experience. Vaginal hysterectomy, often simple enough, is not an exception. Without these acquirements the surgeon cannot expect to give to the patient the greatest opportunities of recovery or insure to him the best results. A physician who is wanting in these has no right to place the life of a fellow-being in unnecessary jeopardy, unless the patient is so situated that he cannot procure expert skill. I have, time and again, known grave operations to be done by those who absolutely did not possess the knowledge or experience necessary to intelligently conduct the after-treatment of the case.

To illustrate some of the unexpected difficulties that may arise in some of these operations I will describe my last three hysterectomies:

August 15th, while visiting a neighboring town to do some surgical work, I was invited by one of the local physicians to see a patient, aet. 52, with "a womb trouble." An examination revealed a carcinomatous development of the cervix; the uterus was movable and free from any unnatural attachments. I recommended a hysterectomy, to which the patient readily consented. Accordingly the next morning at 10 o'clock I proceeded to remove the organ by the vaginal route. When I came to make a close inspection of the parts I found that the malignant growth had extended well out on the posterior and right vaginal walls. It

was clearly not a case for enucleation, but one in which it was necessary to cut far away from the affected organ. In order to remove all the diseased tissues the primary incision around the cervix had to extend well out in either direction, and careful dissection was required; this was rendered extra difficult on account of considerable atrophy of the vagina and an inability to drag down the uterus. After reflecting back the vaginal flaps the base of the broad ligaments were ligated with medium-sized catgut, as far from the uterus as could be done with safety to the ureters. The tissue included in these was cut away and two others introduced, but with increased difficulty, as the womb could not yet be dragged down, and the ligatures were applied so far up and out on either side that but little tissue could be included in their grasp. After getting well up on the body of the organ, above the probable point of infection, I cut closer to it and finished the operation principally by enucleation. The entire process was tedious and slow, requiring forty minutes for its execution.

Case 2.—August 20th was consulted by Mrs. J., aet. 32, multipara, who had been suffering from a severe uterine leucorrhea, which had become offensive and resisted all forms of treatment for months. Upon an examination I found the uterus retroverted, strongly adherent and a small fibroid occupying the posterior aspect of the fundus. The supra-vaginal portion of the neck was greatly elongated and the right ovary displaced and highly sensitive. Considering all the facts in the case I recommended a hysterectomy. She was at once placed in the infirmary and the uterus, tubes and ovaries removed.

I made an incision around the cervix at the cervico-vaginal junction and proceeded to dissect out the organ with the scissors. Suspecting a malignant condition of the body of the uterus I was very careful to keep entirely outside of its muscular structures. The vagina was unusually small, the cervix very long and the adhesions so strong that the organ could be drawn down but little; so things soon became perplexing. The peritoneum was opened up both front and back, and with my fingers I tried to break up the acquired attachments. They were in the shape of bands that were attached to the very top of the fundus and so strong that reasonable force would not part them. With a probe-pointed bistoury passed up along the palmar surface of the index finger they were severed with a sawing motion. I could now tilt the fundus forward so as to reach the ovarian arteries; these were ligated with catgut and what remained of the uterine attachments cut away. Thirty-one minutes were occupied in its removal. The difficult part of the procedure was yet to come; both ovaries were cystically enlarged, almost out of reach of the finger, and with their tubes, universally adherent. With the utmost difficulty they were freed, great care being observed not to rupture the cyst, dragged down, ligated and removed. This required twenty-six minutes longer. I cannot well conceive a task more arduous.

Case 3.—August 26th was invited by a colleague to see a patient at the Infirmary, aet. 35, who was suffering from a small uterine fibroid, size of the two fists, probably weighing two or three pounds. As she was suffering greatly I recommended an immediate hysterectomy, which I did the next day. Some of those present were anxious to see the vaginal operation, and, indeed, I preferred, if possible, to remove it by this method; but as there was, to my mind, strong evidence of complicated adhesions I decided to do the abdominal operation. After thoroughly cleansing and sterilizing the vagina and abdomen I made an incision from the navel to the pubis and opened the peritoneum. Upon an exploration with my hand I found that the tumor was not adhered but had simply grown into every part of the pelvic viscera. First the omentum was ligated and cut away, then a large portion of the right rectus abdominus muscle, of which it had become a part, was excised. The bladder next engaged my attention; it had also grown into the tumor and could only be released by literally cutting it out, leaving a small section of the tumor attached to it. Extensive adhesions to the abdominal parietes and intestines were then released. The growth spread out in the broad ligaments, completely obliterating these structures; in fact, there were no broad ligaments to ligate. The growth occupied all the space up to the iliac bones. The capsule was split and the mass cut out with the scissors on either side; then with the finger I dug it away posteriorly, as low down as possible. Even yet the tumor could not be dragged up into the abdominal wound. I now incised the peritoneum around the tumor, just above the vesical attachments, and endeavored to strip or dissect it away anteriorly posteriorly, so I could open up the vagina; but it could not be done. Therefore, I packed the pelvis with gauze, threw a wire ecraseur around the base of the tumor, tightened it so as to control the bleeding and cut it away with a scalpel. The entire cervix and a portion of the growth yet remained deep in the pelvic cavity. The hips were now quickly lowered (patient was in the Trendenlenberg position), the thighs flexed, a retractor introduced into the vagina and the cervix grasped with a vulcellum, but it could not be drawn down a particle; however, I cut around it and rapidly separated the cervical attachments with the scissors, but I could not possibly in this way entirely relieve the stump, so I had to finish its removal through the abdomen. No one present ever saw such complications; I had never met any half so bad. Both iliac arteries were, in places, denuded of their peritoneal covering; these gaps were closed with fine catgut, as were also the vaginal openings. The pelvis was dried and carefully packed with gauze, which was left protruding through the lower angle of the abdominal wound. Though the tumor was literally skinned out and few ligatures were used but little blood was lost. No portion of the viscera was injured in the least. The operation lasted almost two hours and the shock was severe.

Materia Medica.

SYMPHYTUM AND ANALOGUES.

By H. C. ALLEN, M. D., Chicago.
DEAN HERING MEDICAL COLLEGE.

Owing to meager provings and an almost entire absence of clinical data in our current literature very little is known of the wonderful remedial virtues of *Symphytum* in certain forms of trau-

matism. It is to the bones, periosteum and dense nervous and fibrous tissue what *Arnica* is to the soft parts. *Arnica* is frequently disappointing because indiscriminately given for *injuries*, irrespective of symptomatic indications.

The following symptoms appear to be guiding:

Pain—pricking, sticking, jagging, as if the rough or sharp ends of bone were sticking into the soft tissues.

Pain remaining in periosteum after soft parts have healed.

Irritable stump after amputation.

Irritability of bone at point of fracture.

Non-union of fracture, when trouble is of nervous origin; periosteum sensitive, painful.

Severe pain in globe of eye after an injury by an obtuse body or blunt instrument; a snowball strikes the eye; a cane or point of umbrella injures the globe; an infant thrusts his fist into his mother's eye, the soft parts remaining intact.

I have long since ceased the use of *Arnica* in injuries of the globe of the eye, *Symphytum* having given such prompt and permanent relief. The characteristic pains are guiding.

"When the bone or periosteum has been injured and the soft parts have recovered from the bruised soreness under *Arnica*, the remaining pain and soreness of periosteum may be promptly relieved by *Symphytum*."—Lippe.

"I call attention to the fact that in traumatic injuries of the bone or periosteum, e. g., a blow on the face by a snowball or anything else, the only remedy I have ever seen efficient is *Symphytum officinale*. I have had cases where Homeopathic physicians had tried *Arnica* and everything else, and despite all remedies used the inflammation and pain continued. In every instance I have cured them with a single dose of *Symphytum*. I have used it these many long years with complete success."—Lippe.

"More than a year ago fell and struck knee upon a stone; wound healed and left scarcely any trace, but there remained an acute stitching pain at point of injury, felt when part was touched by clothing or when knee was bent."—Lippe.

"Mrs. I—, while crossing her yard one evening in the dark, stepped on the edge of a piece of scantling, which rolled and she 'turned her ankle.' In a few minutes the ankle began to swell and became painful, which rapidly increased so that in an hour or two she was in great agony; she declared her leg was broken; was certain she could feel the rough ends of the broken bones jagging into the flesh; could not bear to have anyone approach her for fear of being hurt (*Arnica*). There was no discoloration whatever. *Symphytum* promptly relieved, so that she went about her usual duties in forty-eight hours."—Fowler.

The following comparisons may aid in differentiating traumatic remedies:

ARNICA.	SYMPHYTUM.
Injuries to the soft tissues.	Injuries to periosteum, bone, nervous, or fibrous tissue.
Painful swellings with discoloration of parts.	Painful swellings without discoloration of parts.
Pain—sore, bruised, lame.	Pain—pricking, sticking, jagging, as if into soft parts.
Fears being touched by persons coming near him.	Fears being touched by persons coming near him.

Staphisagria.—Mechanical injuries: from sharp, cutting instruments; incised wounds, after surgical operations, especially of abdomen; laparotomy; ovariotomy; lithotomy; glass.

Calendula.—Lacerated wounds, with or without loss of substance; wounds of articulating surfaces, or clean, surgical incisions; to promote healthy union and prevent suppuration or arrest gangrene; extensive loss of soft parts where wound must unite by granulation.

Ledum.—Punctured wounds by sharp-pointed instruments, as awls, nails, rat bites, insect stings; pain or other symptoms appear remote from seat of injury; spasms and trismus; parts cold, objectively and subjectively.

Rhus.—Sprains of single muscles, or groups of muscles, from sudden, violent effort; lifting heavy weights; stretching arms high up to reach things. Pain as if muscles were torn from bones, or as if bones were being scraped, worse at rest and on beginning to move; better by continued motion.

Hypericum.—Punctured, incised, contused or lacerated wounds, by nails or splinters in feet, slivers or needles under nails; squeezing, mashing or hammering of toes or fingers; injured parts rich in sentient nerves, as fingers, toes, matrices of nails; where nerves have been torn or lacerated, with excruciating pains which spread to distant parts or extend up the limb. Great nervous depression following wounds. Prevents lockjaw; preserves vitality of lacerated members when almost torn from body; always modifies if it does not arrest sloughing; concussion of brain or cord.

MATERIA MEDICA MELANGE.

By W. A. DEWEY, M. D., New York.

Ex-professor materia medica Hahnemann Hospital College San Francisco.

Arnica.—The hoarseness of preachers and military officers, arising from long preaching and giving orders, was treated by Bœnninghausen by giving *Arnica* tincture in water. The results were uniformly good.

Nitric acid is one of our most powerful anti-tubercular remedies when cavities have not formed. The presence of tubercles is an indication for its use. Chronic laryngitis and enteritis of tuberculous nature ofttimes find their remedy in *Nitric acid*. The patient calling for this remedy is apt to have black hair and is lean. *Nitric acid* is sometimes a most useful remedy for disposition to take cold, in those of phthisical antecedents.

Lachesis in conditions of weakness and debility stands between *Arsenicum* and *Carbo veg.* It has great prostration, loss of muscular power, slow, soft pulse and stupid delirium, but it lacks that vascular and nervous erethism conjoined with prostration so characteristic of *Arsenicum*, nor is the debility so complete and profound as to call for *Carbo veg.*, with its weak voice, cold breath and desire to be fanned.

Ammoniac gummi has a reputation for curing asthenopia, and is indicated when the eyes smart and burn, especially when used at night by light. It thus stands between *Belladonna*, which is used for affections of the eyes from overwork, when there is great congestion, and *Ruta*, which is indicated for irritability of every tissue of the eye, from overwork, or from using the eyes on too fine work.—*Farrington.*

Cyclamen, as is well known, is very similar, in many respects, to *Pulsatilla.* It has also many points of similarity to *Cocculus*, and to get the full benefit of its action it must be carefully distinguished from both. It has the chilliness with pains, the mild, tearful disposition, the stomach symptoms made worse by eating fat food and pastry, the scanty menses and menstrual colic of *Pulsatilla;* but it has thirst and no relief from the cool open air, both of which are key-notes for *Pulsatilla.*

Like in *Cocculus,* the cerebro-spinal system is depressed; there is dizziness, weakness from motion; patient is worse sitting, and there is dimness of vision. It has also the flatulent colic coming on at night, as in *Cocculus*, but this is relieved by getting up and walking about, while that of *Cocculus* is relieved by belching, but returns again, and there is more irritability than under *Cyclamen.*

Plantago major, as is well known, is an excellent toothache remedy. Dr. Kopp, of Greenwich, N. S. W., sums up its most prominent symptoms as follows:

1. Sharp stabbing and boring pain, at first slight, then of great severity.
2. Left side most affected.
3. Pain starts in morning, lasting till 4 p. m.
4. Profuse flow of saliva.
5. Teeth feel sore and elongated, sensitive to touch.
6. Cheek of affected side is swollen; swelling remains after pain ceases.
7. Pains are periodic, and easily excited.
8. Sound teeth are also affected.
9. Pains increased by lying on affected side, and by coming in contact with extreme heat or cold.

Belladonna has headache ameliorated by letting the hair down, the integument of the scalp being so sensitive that pressure gives her pain.

Gratiola has many symptoms in common with *Nux vomica.* Its stomach cramps and colic come on early in the morning, or in the night, and are worse after dinner; they end with vomiting of slime and water, and are accompanied by bloating and constipation. Amelioration comes on at night in bed. If the patient has hemorrhoids, or is hypochondriacal, then this is a special indication for *Gratiola.*

Dr. Ella A. K. Hutchinson, of Newburyport, Mass., kindly contributes the following to this department:

Ipecac.—Flatulence, constant nausea, gagging, but no vomiting, all night; extreme coldness from knees to feet, especially in calves of legs; copious urine, and cough, dry and hard. All symptoms immediately cured except cough, which needed *Nitric acid*, 6x, to cure it.

Sulphur, 6x.—Patient, woman who passed climacteric eighteen months ago, stopped suddenly, after always being regular. Fifty-three years old. Flushes very frequent, with drenching perspiration; much flatulence after eating; diarrhea, about five actions daily; knees sore above patella; hurts when stooping or on rising. All symptoms cured by one prescription.

Aconite, 3x.—Patient old; ill six weeks; before called jaundice extreme; eyes yellow; pain in right hypochondrium; painful urination, burning, drop by drop; had had similar attacks frequently.

Chamomilla, 3x.—Restless in house; quiet out of doors; sleeps but little; very cross; won't let anyone touch him; pulse and temperature normal; gums slightly red. Child eighteen months old.

Tartarus emeticus.—Excessive nausea, no vomiting; painless diarrhea, yellow in color; sensation of undigested lump in stomach.

Bryonia.—Jaundice; very sleepy, almost falls to sleep when walking; very tender in pit of stomach; dull pain across epigastric region; constipated.

Rhus tox, 3x.—Accident from curling tongs falling between eyelids. Upper lid very edematous; eyeball congested and painful; eye closed Swelling subsided and able to attend whist party that afternoon without shade.

Veratrum alb., 3x.—Diarrhea chronic; in periodic attacks; much urgency; great pain relieved by action; pain goes through to back; feels like fainting during attack; sensation of weight in pit of stomach; appetite not affected by sickness; eats the same as when well.

Practice of Medicine.

THE TREATMENT OF DIPHTHERIA: PAST AND PRESENT.

By W. J. MARTIN, M. D., Pittsburg, Pa.
President Pennsylvania Homeopathic Medical Society.

Modern methods in the treatment of diphtheria have robbed the disease of much of its terror, reduced its mortality rate, shortened its duration, rendered it less contagious, and added much to the comfort of the patient, and also added to the comfort and safety of attendants and the other members of the family. Auto-infection, and consequent septicemia, is prevented. Croup resulting from the extension of the membrane from the fauces to the larynx is also prevented, provided, of course, that we have charge of the case early enough. I recall with what trepidation I would examine my diphtheria patients in the past, and how the steady spreading of the membrane, even though it was very slight, made me fear a fatal ending, and how encouraging and assuring it was to find a clearing off of the membrane. *But with present methods, I clear the membrane off and as fast as it reappears it is again cleared off.* In the past, many a case of diphtheria has choked to death, from the pharynx and naso-pharynx becoming packed full of membrane, which could not, by any then known means, be gotten away. I have yet to see the case in which the modern method, if well applied, has failed to clear away the entire deposit. I say "if well applied," because there are children, and they are not a few, either, who are so unruly, ungovernable and unmanageable that little or nothing can be done for them, and if they die we cannot condemn the treatment. But where the patient gives us a fair chance I have yet, as I said, to see the case where the membrane could not be cleared off, and that, too, without the slightest violence to or injury of the mucous surfaces, as so often resulted from the efforts employed in the past. We all remember how the breaking down of the membrane and the soft parts upon which it is implanted (necrosis) resulted in a stinking mass that would in part be resorbed into the circulation (auto-infection), and by the time the membrane was all gone the patient was dead or

ready to die from septicemia. With our present treatment we can kill the membrane as fast as it grows, keep down decomposition and fetor, and thus avoid the much-dreaded blood poisoning. We all remember, too, how in the past we would have cases where, with the slow disappearance of the membrane from the fauces and the subsidence of the inflammatory swelling of the parts, our fears would be reawakened by a suspicious hoarseness and a croupy-sounding cough, revealing to us that all the while the membrane had been developing and spreading into the larynx, and often and often have we seen cases die of croup after the fauces had been absolutely free of membrane for days. This is not likely to happen if the modern treatment is well and thoroughly applied.

What I have seen fit to style the modern or present treatment may be best described by giving here the treatment of two cases of diphtheria which were recently under my care. Do not think that I claim for myself anything new or original; on the contrary, I expect that every member of the profession would have done in these two cases just as I did, for I think every one keeps himself abreast the improvements that aid in the cure of our patients as much as I do. Where I speak of "the treatment of the past" I refer to the past in my own experience (about eighteen years), not, of course, to the remote past. My treatment in the past was the indicated remedy and letting the membrane take care of itself, except when the patients could do it I had them gargle with dilute alcohol. And it is my opinion now that gargling with dilute alcohol is just about equivalent to letting the membrane take care of itself.

July 27, 1894, I was called to Irene and Leah C., aged respectively 6 and 3 years, who had been sick for three or four days with what their young mother in her ignorance and innocence thought was mumps, because of the swelling in the sides of the neck and face, and they did not complain of any difficulty in deglutition, both of which, i. e., the external swelling and lack of pain in deglutition, are, as we know, bad signs, especially the latter. Fetor of breath called her attention to their throats, and upon examining them she found a condition that alarmed her and convinced her that something more than mumps was present. I found upon examination that we had two cases of well-developed diphtheria; in each case the tonsils, palate and palatine arches were entirely covered with membrane of that pearly hue that is so tenacious and prone to spread, and in the younger child the membrane had invaded the nares. I at once sent for an atomizer and *Peroxide of hydrogen* (Marchand's), and proceeded to spray the throats with the undiluted article. They were children of the manageable variety, having been trained to do as their parents bid, and I continued the spraying until the membrane was—if I may use the term—boiled off, or nearly so. Toward the last of this first spraying the expectoration was very stringy, clearly pointing to the proper internal remedy, *Kali bichromicum*, which was given in the third decimal potency—a dose every two hours. The parents were instructed in the use of the atomizer, and advised to use it frequently, which they did with the very happiest results. For several days the spray was used as often as the medicine was given, every two hours. When I thought I detected a slight weakness and unsteadiness of the pulse, whisky, a teaspoonful every two hours, was given. Milk and food were given as freely as possible. The treatment was not changed in any particular from that adopted at first visit, and in eleven days both were discharged cured. Another younger child, who was in the same room with the sick ones most of the time, did not contract the disease, why, I do not know, unless the peroxide killed the germs.

Last winter I had charge of a very severe case of diphtheria in a child of 7 years, in a family where there were eight other children. Isolation was impossible. The treatment of the sick child was the same as I have just described, except that the internal remedy was not the same; the peroxide was used frequently and freely. The child recovered in ten days, and none of the eight other children took the disease, though they could not have been placed under more favorable conditions for doing so. Why this was I cannot see, unless, as I said before, the peroxide of hydrogen killed the germs.

STRYCHNIA IN REDUCIBLE HERNIA.

By Jas. A. YOUNG, M, D., Hopkinsville, Ky.
President Kentucky Homeopathic Medical Society.

I notice recently in a "sample" medical journal several reports on the use of *Strychnia* in strangulated hernia with satisfactory results. *Nux Vomica* has long been given a prominent position in our Materia Medica as a remedy for hernia, and I remember, when a student, that Prof. A. R. Morgan successfully treated a case in his clinic with *Nux 1st*. My own practice for years has been to use *Nux* or *Strychnia* in conjunction with Ayer's truss, and several cases have resulted in a permanent cure—notably one of my medical partners. I beg leave now to report a case from memory that I think is of interest.

Case.—Several years ago Dr. S., a physician from a neighboring town, consulted me in regard to his condition. Although a "regular" physician, he was interested in the study of Homeopathy. He was about 56 years old, robust and in good health, except that he was afflicted with a right inguinal hernia. The intestine passed the external ring, forming a tumor about the size of a goose egg above the pubic bone. The hernia was easily reducible, but very difficult to retain. All kinds of trusses had been tried in vain, even my favorite, Ayer's. The doctor was about to submit to an operation for a radical cure when I advised him to try *Strychnia*. I suggested that he should occupy the recumbent posture during the first week or so of the treatment, as the tumor did not form only after standing or stirring about for an hour or so.

The history of the case is about this: He remained in bed for over two weeks, during which time the bowels were kept open by glycerine enemata and he took one-thirtieth of a grain of *Strychnia* three times a day. On resuming his active life he noticed that the tumor did not form until toward noon and on lying down for an hour would disappear. There continued a gradual improvement in this respect until after six or eight weeks the intestine would protrude only after considerable physical strain. At the end of six months he was completely cured and for two years he has had no indications of hernia. During the time of treatment he took *Strychnia* varying in strength from one-thirtieth to one-hundredth of a grain three times a day.

MASTITIS: BANDAGING.

By F. C. Freeman, M. D., Oregon, Ill.

Probably every physician who reads knows that proper bandaging is a very important factor in the treatment of mastitis, but there are many doctors who do not know its value as a prophylactic.

In case of still-birth, in all cases where the child cannot nurse, and in many cases of weaning at full term, the grandmothers of the neighborhood expect trouble and fill the air with stories of broken breasts and dire disaster to worry and wear the patient, and we find the doctor often sharing in the expectation and relying upon or, at least, allowing the breast pump, the rotting poultice, and the bistoury.

Although I had always succeeded in preventing suppuration every such case was a cause of some uncomfortable apprehension, and I found the literature of the subject at my command very meager and indefinite.

Knowing the very salutary effect of perfect rest by careful bandaging in mastitis I resolved to try it as a preventative of possible trouble.

In December, 1892, I had a case in which, by previous experience, I knew that from insufficient milk and non-development of nipples any attempt at nursing would be only an irritation of the mother and no help to the child. At the first sign of milk secretion I carefully covered the mammae with absorbent cotton and bandaged them as snugly as comfort would allow. When the cotton became wet with milk it was removed and the breasts were gently sponged off and re-bandaged as before. The breast pump was not allowed and perfect rest was enjoined. The result was practically no fever, no pain, and no soreness. Since then I have treated all cases on the same plan and have lost all anxiety as to results.

It is sometimes hard to give the nurse and friends confidence to follow instructions, and you may need to teach them enough anatomy to know that there are not large cavities in the mammae that fill with milk to coagulate *en masse,* and that the hard areas of inflammation which they have sometimes noticed are not "chunks of curdled milk."

For the bandage the simple triangle of the breast is usually sufficient and best because of its convenience; and let the comfort of your patient be the guide as to tightness, for you will not need to employ the pressure treatment.

Forbid the traumatic pump; teach the nurse to bandage gently and efficiently; prescribe *Belladonna*, *Phytolacca*, or any remedy for which there is an indication, and you may safely trust to results for justification of methods.

ERYSIPELAS — ITS LOCAL TREATMENT WITH STRONG ALCOHOL.

By FREDERICK EVERETT, M. D., Chicago.

ATTENDING PHYSICIAN CHICAGO NURSERY AND HALF-ORPHAN ASYLUM; PROFESSOR MATERIA MEDICA AND THERAPEUTICS NATIONAL HOMEOPATHIC MEDICAL COLLEGE.

In my hands strong alcohol has proved to be the most efficacious and satisfactory local treatment for the cure of acute, infectious and contagious erysipelas. Heretofore the treatment of erysipelas, to say the least, has been very unsatisfactory. Allopathic physicians have used innumerable kinds and methods of local applications with some degree of satisfaction. Homeopathic physicians have had somewhat greater success, because, with the internal remedy, in addition to the local treatment, which is of the greatest importance in this disease, they have been able to control to a great degree the resulting systemic disturbances, and so have greatly assisted in shortening the duration of the disease.

And yet with the internal and local treatment, singly or combined, we have come far short of the mark. We have been pleased with the rapid recovery of some of the cases, and subsequently we have been doomed to utter disappointment in our inability to give our patient the proper relief.

Some high-potency men have deprecated the use of local treatment and have doggedly held on to the single dose, sometimes with brilliant results, but more often have they come far short of all that could have been done for the relief of the patient. No one believes more implicitly in the great efficacy of all potencies of Homeopathic remedies than I do, yet if we expect to do our best work we must in many diseases use both the local and internal treatment. This is particularly true in the case of erysipelas.

Erysipelas begins as a local skin disease, and must be treated as such. The systemic disturbance is the result of the action of the streptococci in the tissues.

The local treatment is, therefore, of the greatest importance, and the internal remedy secondly to combat the resulting constitutional symptoms.

It is not necessary in this connection to discuss etiology, morbid anatomy, pathology and symptomatology, and I will therefore pass them by with the statement that it is well known and conceded that this disease is due to the presence of the streptococci of Fehleisen, and all that is necessary in the development of erysipelas is the presence of streptococci in contact with a point of entrance into the tissues.

Some, I make no doubt, will uplift their hands in horror because I stated that the local treatment is of the greatest importance. The fact, however, is self-evident, because the disease spreads from the point of entrance of the streptococci into the tissues, and the more quickly these germs are limited in their progress and annihilated the more quickly will we cure our patient.

Any antiseptic substance that will act as a powerful dehydrant of the tissues and, at the same time, is also capable of coagulating albumen, will limit the spread of and cure erysipelas.

Now we have in strong alcohol a typical substance that is capable of doing these two things to a powerful degree, and if it is applied freely and faithfully it will not fail you.

Unlike many other substances alcohol does not irritate the skin, and it can, therefore, be used with great freedom. It dissolves the fat in the skin and at once penetrates deeply enough to stay the progress of the streptococci.

In making the application first scrub the infected area with strong alcohol and then apply a thin sheet of absorbent cotton saturated with the same and cover the whole dressing with oiled silk and your dressing is complete. Repeat this process every one or two hours. Use the alcohol freely enough to keep the surface moist.

Dr. Behrend, of Germany, used and recommended this treatment some five or six years ago and since

then others have used it with equally good results. Dr. A. J. Ochsner, in his article in the *Kansas City Medical Index* for April, 1894, reported most satisfactory results in nineteen successive cases.

The following eleven successive cases will illustrate my method and results with this treatment: *Cases I, III, IV, V, IX, XI.* In cases 1, 4 and 11 the disease began on the side of the nose, and in three days had spread over the face within one-half inch of the hair and also involved the ears and chin.

The temperatures ranged from 102° F. to 105° F. There was vomiting in two cases, and mild delirium in all of them.

I ordered the alcohol applied as above directed and in every case, within twenty hours, the blush and hardness of the skin had greatly lessened and at the end of three days the patients were practically well.

Cases V and *IX.*—In both cases the disease began on the left cheek. I was called in on the fourth day and found that the disease had spread over the entire face and scalp and had begun its march down the back of the neck and front of the chest. The temperature was above 104° F., and there was marked delirium in both cases. The hair having been removed, the alcohol was applied in the usual manner. Within ten hours the temperature had dropped to 101° F. The blush was greatly lessened and the patients were perfectly rational.

The treatment was continued for five days, and at the expiration of that time the patients were discharged. I ordered the treatment to be kept up at longer intervals for a few days, as a safety against the return of the disease. These patients had had similar attacks before, and in each case the disease lasted from two to four weeks.

Case III.—This patient had had several previous attacks, and I was called early in the case. The disease had been in progress for one day. I found the right cheek and nose very red, hard and swollen. There was much burning pain, with severe frontal headache. The temperature registered 103° F. Alcohol was applied in the evening, and when I called in the morning over three-fourths of the redness and swelling had disappeared. I called the next day and discharged the patient.

In all previous attacks the disease began in the same location, and had always spread over the face and head, and never lasted less than two weeks.

Cases II and *VI.*—In these two cases the streptococci found entrance into the tissues through an unhealed, ulcerating navel. The babies were about one month old at the time of infection, and the disease had been in progress for five or six days before I was called in. I found the whole anterior aspect of the abdomen hard and inflamed with the characteristic erysipelatous blush. There was severe vomiting and the bowels were moving every hour. The temperatures ranged from 104° F. to 105° F., and the pulse from 160° to 180°. I ordered the usual application of alcohol, and called the next day, and found the patients better. The temperature was 100° F. in one and 102° F. in the other. Vomiting had ceased, and there was a diarrheic stool every two or three hours. At the end of three days the disease was under perfect control, and the navels were dressed with aristol and healed perfectly in ten and fourteen days respectively.

Cases VII, VIII and *X.* These three cases occurred in the Chicago Nursery and Half-Orphan Asylum. All three were fat babies, from 12 to 18 months of age.

The point of infection was in the groin. In cases 7 and 10 the redness and swelling covered a space of about six inches square, and in case 8 it had reached the knee on the anterior aspect of the thigh. In this case the temperature was above 104° F., and there was some vomiting and diarrhea. I ordered the usual application of alcohol. On my regular morning visit to the asylum I found that the disease in cases 7 and 10 was under perfect control. Not so in case 8, as the blush had extended around on to the buttocks and half way down to the knee on the posterior aspect of the thigh. The condition on the front of the thigh was much improved. The temperature was 103° F., and there was less vomiting. I at once concluded that the whole infected area had not been included in the original dressing. I personally made four applications during the day and one late at night, and I was rejoiced in the morning to find that the disease had made no advancement. The whole condition was much improved. The temperature stood at 100° F., and the vomiting and diarrhea had entirely ceased. Cases 7 and 10 recovered in two days and case 8 in five days. Case 8 illustrates the necessity of thorough work.

In all cases the treatment should be kept up for a few days after the disease seems to be conquered. This precaution will occasionally prevent a new outbreak of the disease.

To prevent reinfection of the patient all clothing, etc., which has been in contact with the patient during the attack must be thoroughly disinfected.

The bowels must not be allowed to become constipated. Give plenty of pure soft water and see that the patient is well nourished.

As it is not the province of this paper to discuss the indicated Homeopathic remedy; I will refer this wing of the treatment to some future discussion.

If the meager outlines of treatment that I have given above are carefully and faithfully followed out I am confident that we will hear of less failure in the treatment of erysipelas.

WHAT ATTENUATION?

By E. W. BOARDMAN, M. D., Parsons, Kan.

An earnest reader of the Medical Century and other Homeopathic periodicals may read, and has read, page after page of valuable articles on the treatment of various diseases, without seeing the dose or attenuation of a single remedy mentioned. Even clinical cases are reported, the remedy with which a cure has been effected being stated without a suggestion as to the potency which was used. Allopathic literature would appear to be in advance of our more scientific school in this one respect, for generally the reporter of an interesting case states the exact prescription which cured and the directions for administration.

Is there absolutely no choice between the mother tincture and the "C. M."? If there is, why not mention the attenuation, mode of preparation, and frequency of dose in every case? What can we learn from the report of cases of neuralgia and megrim cured with *Spigelia*, when we are not informed whether there were given frequently repeated doses

of twenty grains of the powdered root, or a single exhibition of the two-hundredth centessimal dilution?

It may be said that potency is a mooted question and to be settled by each prescriber for himself. This is all the more reason why every writer should tell what potency he used in curing a given case. One object of a medical publication is to verify indicated remedies and to add the wisdom of experience to the knowledge of symptomatic indications. A student can scarcely form an intelligent opinion about potency without knowing the experience of others, for life is too short for one to determine such a problem by experimentation.

It is noticeable that when the attenuation is mentioned it is more often a somewhat high potency. Are we to conclude all that are not noted are low potencies, and that the prescriber is ashamed to tell how low? A clinical report or an article on treatment is incomplete without mention of the dose, and one of the most important lessons to be learned from the experience of others remains untaught. [To all of which, "Amen!"—Ed.]

Pedology.

RELATION OF BRAIN COMPRESSION TO TRISMUS NEONATORUM.

By J. MARTINE KERSHAW, M. D., St. Louis, Mo.

PROFESSOR MENTAL AND NERVOUS DISEASES, HOMEOPATHIC MEDICAL COLLEGE OF MISSOURI.

Is trismus neonatorum ever caused by pressure of the forceps upon the child's head during delivery?

I have been asked this question a number of times. Upon looking up the cases I have met with, together with those I have seen with other physicians and midwives, the conclusion is forced upon me that no case of infantile trismus that has come under my observation was due to brain injury.

Martin and Ruge "regard the discharge of uric acid concretions from the renal tubules as the cause of nephritic processes in the new-born" and, by reflex action, trismus.

Henoch observed a case in which the urine contained a "large amount of albumen, with numerous hyaline and granular casts." Henoch believes that foul air, too cold or too hot baths and violent injuries of the umbilicus are the causes of infantile trismus.

For my own part I never saw a case of trismus neonatorum which was not associated with inflammation of the umbilicus. There may be other causes, but all of those I saw had an inflamed navel. I never saw a case get well. Henoch claims that two of his cases recovered, but convulsions in children are so much alike that it is just possible he was mistaken.

Having lost a few cases, I began to wonder what caused the trouble, and soon came to the conclusion that umbilical inflammation and trismus went together, and that the locked-up blood-clot lying between the child's body and the ligature for four or five days had something to do with it. From that time to this I have always waited until pulsation entirely ceased in the cord before ligating it. I then strip the cord until not a particle of blood comes away, then ligate, wash the part well with carbolized water, dry thoroughly, and wrap in absorbent cotton. I began this practice fifteen years ago, and have never seen a case of trismus neonatorum since that time. I have not seen a navel that was even reddened, for years.

As I have said above, there may be other causes of infantile trismus, but I believe that an unclean navel is one of the most frequent causes of this very intractable disease, and that brain compression seldom, if ever, has anything to do with it.

THE COLON DOUCHE IN BOWEL DISORDER.

By J. W. PARKER, M. D., Warsaw, Ill.

Permit me to prolong just a little the consideration of this interesting subject, which has recently been so well and beneficially presented in our Medical Century.

An important point is to persist in the enema. If part is evacuated during the administration go right along; never stop till the fluid returns as clear as it enters. Use a gallon or two; much will be passed while giving it which will not cause the removal of the tube nor the cessation of the stream. I wish to speak briefly, avoiding many little details which have been wholly or partially covered, and which I should have been pleased to enlarge upon.

Three solutions I have used: (1.) Thirsch's solution. (2.) A preparation of a tablespoonful of Bovinine to the pint of sterilized water, using about three pints. This used after a gallon or so of clear water will be with little effort largely retained. It is both an antiseptic and a food. It has healed ulcers and cured gangrene externally, and within the bowel for me worked wonders. (3.) If the case is dysentery, a frequently beneficial addition is a teaspoonful of the fluid extract of *Hamamelis* to the pint or quart to finish with.

Of course clear or soapy water has sometimes been used with great benefit. But he who uses *Bovinine* will seek no further for a perfect food, particularly per rectum, or a satisfactory solution for enemata.

For the stomach feeding, if necessary to use anything besides Bovinine, Fairchild's Extractum Pancreatis, prepared according to directions, or egg albumen, or diluted milk, not cream, will answer all requirements.

A physician who has carefully digested the contents of the "Summer Complaint" numbers of the Medical Century, and who is as persistent as a terrapin, will almost entirely rob these diseases of their mortality.

AFTER MORE CHOLERA INFANTUM HINTS.

By E. CARTWRIGHT, M. D. Decorah, Iowa.

I think the numbers of the Century on the treatment of cholera infantum and colo-enteritis are admirable ones, but there is one phase of these cases full of danger not touched upon, and to me the most difficult phase. It is where, when called upon, we find that the patient has been brought to death's door by Castoria, or Mrs. Winslow's syrups, or Chamberlain's, or King's, or the ninety-nine other infallible cures for diarrhea, and, these failing, it has fallen into Allopathic hands—it has had chalk mixture with or without Tr. *Opii*, but *Opium* in some form, either with or without *Bismuth* or *Tannin*. And what is the picture presented to us?

The emaciated form, the rebellious stomach, the irritable condition with the copious diarrhea, the ejections being so foul as to taint the atmosphere, and you inhale its fetor in every breath; or there is the white and waxy appearance we so dread to see, with pupils drawn almost out of sight, the hippocratic countenance, the startling, shrill, hydrocephaloid cry—and you are tempted to refuse the case; but while there is life there is hope, and though you know that, in case of failure, Homeopathy as well as your own reputation will suffer, the tears and distress consequent upon a mother's love prevail and self goes to the wall. It is then such articles as you have given us in the CENTURY on these diseases are of practical use and inestimable value.

But it is of this anemic coma or spurious hydrocephalus of Marshall Hall I would speak. He thus pictures it:

> The infant becomes irritable, restless, feverish; the face flushed, the surface hot, pulse frequent; undue sensitiveness of the nerves; starting on being touched or from sudden noise; sighing or moaning during sleep; screaming; bowels flatulent and loose; fatal exhaustion. The countenance then becomes pale and the cheeks cold; the eyes are half-closed or fixed and contracted by any object placed before them; the pupils unmoved on the approach of light; the breathing from being quick becomes husky and there is sometimes a husky, teasing cough; eventually the strength is exhausted.

In this condition *Apis, Helleborus* and *Veratrum alb.*, each according to indications is good, but where with this is a colorless, offensive, profuse diarrhea, with sweat upon the forehead, *Cuprum arsenitum, 6x* has best served my purpose, followed by *Calcarea carb., 12x;* but for the restlessness, loss of vision, the hydrocephalus group, *Zinci bromatum, 6x* has been a godsend to me, securing by its administration that restful sleep so requisite in this condition, from which my patient awakes with all the nervous symptoms modified.

While I am not one of those old men who ascribe everything to a child's teething, I know too well that any or all of these symptoms are aggravated by that process. I have too often seen a copious diarrhea cease on the appearance of a tooth to say the teeth have nothing to do with it.

As regards the douche in the colon, I think when a child has accumulated any irritant feces in the bowels I have derived as much benefit from the administration of the remedy in the nursing bottle, with copious draughts of hot water, as from the douche. As in Asiatic cholera, it is better to pass hot water than the serum of the blood. The food must be bland—oatmeal, Hortick's Malted Milk and when cow's milk forms a solid curd a little scorched wheaten flour added will obviate that condition. But where the cows are fed on swill or distillery refuse, or get their living by browsing upon weeds or the foliage of trees, as they often do on insufficient pasturage in autumn, then beware of cow's milk. Another point is, discard the nursing bottle; insist upon the child being fed with a spoon or from the cup; but if the bottle must be used get the one called "common sense," which has no tube, only the nipple, *and keep it clean.*

Always have regular feeding hours, every two, three or four hours, and insist nothing shall be given between hours except water, which should always be boiled before using and kept in a well-corked bottle or jug, as water loaded with vegetable matter or sewage will keep disease going.

Put on a flannel bandage around bowels; a hot chamber, the result of a hot day, followed by a cold night, when the little one has kicked off the clothing, has often resulted fatally.

Neurology.

SUPERIORITY OF HOMEOPATHIC TREATMENT OF THE INSANE.

By H. M. PAINE, M. D., Albany, N. Y.

An editorial in the *Springfield* (Mass.) *Republican* of May 31, 1894, contrasts the relative frequency of cures as between Homeopathic and non-Homeopathic treatment, the data being taken from the official reports of the Massachusetts State hospitals for the insane for the year 1893. This article has been reprinted in the August number of the *North American Journal of Homeopathy* and in the *Conglomerate*, published at Middletown, N. Y.

The three classes of cases selected for comparison embrace: (1) Alcoholic insanity (including delirium tremens); (2) mania, and (3) melancholia.

The comparisons of treatment show:

"That when the recoveries from inebriety are included, Westboro (Homeopathic) stands as *three* to *two* in the frequency of cures, taking all the other hospitals together; also,

"That when the inebriates and the hopeless cases are deducted, this proportion of three to two becomes even greater, not quite so at Danvers, but in all the other four (non-Homeopathic) hospitals, rising to thirty-eight at Westboro, as contrasted with twenty-one and one-half elsewhere, nearly four to two, or *two* to *one*."

The author suggests as a reason for this marked evidence of superiority of Homeopathic over non-Homeopathic management, "greater individual treatment given to each person at Westboro, and the use of various devices to secure rest and calmness for patients."

This explanation, in failing to meet the case, fails most emphatically to explain. Would it not have been better to have said "individuality of *Homeopathic treatment*"?

Rest and calmness are factors of no insignificant value; these, however, are and were alike applicable by the representatives of both systems of Homeopathic and non-Homeopathic treatment, and were doubtless made available by both, hence in all probability had little or no decided influence and did not, to any considerable extent, contribute to marked increase of percentage of Homeopathic recoveries.

The true source is unquestionably ascribable to the *applicability* and *specific power* of the properly selected Homeopathic remedy.

The fact is recognized and acted upon by millions of persons the world over that the properly selected Homeopathic remedy is *the force* that gives to Homeopathic treatment of all congestive and inflammatory conditions of every organ in the body a pronounced superiority over every other method.

The advantages of Homeopathic treatment in cases of pleurisy, pneumonia, bronchitis and peritonitis are everywhere recognized, and credit is very properly given in these cases to the *specific action* of Homeopathic remedies prescribed in accordance with Homeopathic principles of application.

If, then, these principles are strikingly applicable in all acute diseases—and the more acute the more pronounced the relief—why shall we not ascribe the superior results of Homeopathic treatment in Homeopathic hospitals for the insane *to the same source*, viz., the benign action of the properly selected Homeopathic remedy?

In our canvass last winter in New York State to promote such legislation as would secure largely increased accommodations for those of the insane for whom Homeopathic treatment was desired the charge was repeatedly made by representatives of old-school hospitals that medical treatment in both old-school and Homeopathic institutions was substantially alike; that in both *bromides, morphine, chloral* and the new nerve sedatives that have recently come into sudden popularity were always resorted to to a greater or less extent. And it seemed a matter of actual astonishment to some of the advocates of old-school treatment to be assured that remedies of that class were not to be found in Homeopathic hospitals, and were never administered.

It is fitting, therefore, it would seem, that when comparisons are made, showing superior results under Homeopathic treatment of the insane, the real reason for such superiority, viz., the properly selected Homeopathic remedy, should be brought more prominently into view.

[And Dr. Horace M. Paine, in his new position as one of the managers of the new Collins Farm Insane Hospital, is just the right man in the right place for this class of work. Give to Homeopathy the credit which is justly her due, as Dr. Paine very rightly suggests.—Ed. Medical Century.]

Ophthalmology.

OPHTHALMOLOGICAL AND OTOLOGICAL CLINIC, HOMEOPATHIC HOSPITAL UNIVERSITY OF MICHIGAN

Service of Prof. D. A. MacLACHLAN, Ann Arbor.

BY FRANK RICH, M. D., ASSISTANT PROFESSOR, 1893-4.

During the present year up to May 1, 1894 there were presented in Prof. MacLachlan's clinic the following cases:

Senile cataract	3	Amaurosis	1
Juvenile cataract	42	Chronic glaucoma	1
Traumatic cataract	4	Acute "	2
Follicular conjunctivitis	1	Dacryo-cystitis	1
Traumatic "	1	Epiphora	2
Catarrhal "	10	Phlyctenular keratitis	2
Foreign body in eye	2	Corneal ulcer	3
Iritis	3	Paralytic strabismus	3
Irido-choroiditis	2	Convergent "	7
Retinitis	10	Trachoma	3
Retino-choroiditis	2	Anterior synechia	2
Retinal hemorrhage	1	Corneal opacity	7
Retinal congestion	111	Pterygium	3
Rupture of choroid	1	Pannus	2
Ossification of choroid	1	Ptosis	2
Blepharitis marginalis	4	Disease of optic nerve	1
Amblyopia	2	Sympathetic ophthalmia	7
Ectropium	2	Anterior staphyloma	2
Muscular asthenopia	2	Hypermetropia	24
Accommodative "	2	Hyperopic astigmatism	7
Myopia	4	Septal spur	20
Impacted cerumen	3	Atrophic rhinitis	3
Chronic otitis media	28	Chronic nasal catarrh	2
Eczema of ear	5	Perforated septum	1
Otorrhea	4	Deflected septum	4
Otitis interna	2	Hypertrophy of turbinated bodies	7
Aural polypus	1	Chronic naso-pharyngral catarrh	28
Internal ear disease	1		
Adenoid growths	4		
Enlarged tonsils	8	Elongated uvula	3
Defective speech	1	Chronic laryngitis	2
Myopic astigmatism	2	Chronic aphonia	2

The following operations have been performed:

Enucleations	8	Septal spur	8
Iridectomy	3	Tonsillotomy	7
Strabismus	2	Elongated uvula	4
Cataract extraction	3	Adenoid growths curetted	4
Anterior synechia	1	Posterior sclerotomy	7
Paracentisis of anterior chamber	3		

[A number of operations cannot be tabulated on account of incomplete records.]

In the above list the following cases are of more than ordinary interest:

CASE I OSSIFICATION OF THE CHOROID.

Mr. B., aet. 47 years, a laborer; entered clinic February 27, 1894, with the following history:

Eighteen years ago he had received a blow on the left eye which set up severe inflammation and glaucoma. He was at that time treated by Dr. Frothingham. Since then he had had two attacks of acute glaucoma in the injured eye, one six years ago and the last one four weeks previous to his coming into the hospital.

Examination showed the left eye to be severely congested and very painful. A clearly-cut ulcer had made its appearance in the center of the cornea, and there was evidence of hemorrhage in the anterior chamber. Tension +. Vision had been lost from the day of the injury.

The right eye showed decided signs of sympathetic irritation, the retina being congested, with lachrymation and photophobia. Vision, $\frac{20}{40}$ Hm. + 1.75D. S. The general condition of the patient was fair.

Dr. MacLachlan advised enucleation, and the operation was performed under an anesthetic, the A. C. E. mixture being used.

On examination of the ball it was found that the choroid had undergone ossification throughout its posterior half. The lens had undergone calcareous degeneration. The retina was almost completely detached and was pushed forward to the lens, extending like a rope across the vitreous chamber.

The eye was dressed antiseptically and the dressings changed twice daily.

The patient made a good recovery and in due time was fitted with an artificial eye. The proper lens was prescribed for the right eye and the patient was discharged cured.

CASE II—AMPUTATION OF TONSILS, WITH SECONDARY HEMORRHAGE.

Mr. M., aet. 19, a laborer, came to the hospital October 14, 1893. He had had scarlatina when 2 years old, and since that time there had been an offensive otorrhea from the left ear.

Examination of the air passages showed a chronic catarrhal condition, with enlarged and cystic tonsils and the eustachian tubes not fully open to the Politzer bag. The lower turbinated body on the right side was hypertrophied and the septum deflected to the left.

The left meatus was filled with a thick white discharge, which was cleansed out with a solution of sodium bicarbonate. Examination with the speculum revealed a polypus growing from the middle ear, passing out through a perforation in the upper anterior fourth of the drum and extending outward almost to the external meatus. The meatus was inflamed and sensitive.

The right meatus was found to be filled with a plug of cerumen and epithelium. The mass was dissolved out by syringing with a warm solution of sodium bicarbonate and after thorough drying with absorbent cotton filled with impalpable boracic acid powder.

After thoroughly cocainizing in the left ear the polypus was snared off and the base touched with chromic acid. It was dressed twice daily with aristol, packing the meatus full of the powder. The base was twice afterward cauterized with chromic acid, and it finally disappeared. Some discharge still persisting the ear was subjected to the digestive ferment treatment advanced by Dr. R. S. Copeland, which stopped the trouble.

On November 24, 1893, Dr. MacLachlan removed both tonsils. That evening secondary hemorrhage took place on the right side. The patient proved to be a subject of hæmophilia, having bled profusely at various times in the past from very slight cuts or injury. He fainted from loss of blood before the hemorrhage could be stopped, which was finally accomplished by compressing the bleeding point.

The left tonsil healed nicely and there was no further trouble until two weeks later, when secondary hemorrhage again occurred on the same side as before and was even more difficult to control than in the former attack. Measures such as were previously employed to check it proved efficient, however, and from then on the patient improved steadily. His nose and throat were treated with sprays, and the ears were dressed daily, the right with boracic acid and the left with aristol.

On February 16, 1894, his hearing on the right side was normal and on the left side much increased, with the discharge from the meatus entirely cured. The interesting feature in the case was the secondary hemorrhage, which is a very rare sequence of amputation of the tonsils. No anesthetic was used, except a little cocaine applied to the throat to prevent gagging. The tonsil on the right side, which was afterward the site of the bleeding, was removed with the tonsillotome and the left with the bistoury. The hemorrhage resisted all ordinary measures in the hands of the assistants and it appeared altogether probable that the patient would have bled to death had not more positive measures been adopted. The very common mistake of applying iron as a styptic was made by the assistants in the beginning of the first attack, which not only proved very annoying and painful to the patient for some time after, but also greatly increased the difficulty of reaching the bleeding point at the time.

CASE III—NASAL SPUR, WITH WEAK EYE MUSCLES.

Mr. F. came into the clinic February 17, 1894, complaining of eye trouble of long standing. Examination showed him to have hypermetropic astigmatism, the latter with accommodative and muscular asthenopia, affecting the inner muscles more especially. He was exceedingly nervous and excitable, and his general condition was not good. On looking into the throat and nasal passages there was found to be a chronic catarrhal condition, with a septal spur on the left side anteriorly opposite the lower turbinated body, nearly closing the nostril and irritating by pressure. Treatment was directed toward relief of the catarrh and suitable sprays were prescribed. The proper glasses were fitted to correct the error of refraction and the internal recti muscles were exercised daily with prisms.

On April 14th the septal spur was removed by means of the trephine, the wound being dressed by blowing in iodol powder and packing the nostril with cotton pledgets. Cocaine was used locally as an anesthetic. The dressings were changed daily and in a short time the point entirely healed. After the operation the catarrhal difficulty was wonderfully alleviated, and on May 11th he was discharged. His eyes had improved also and he could now read with perfect comfort. The case is valuable as illustrating the advantage of exercising the recti muscles in certain classes of cases instead of the somewhat common practice of prescribing prisms for their relief; and it also shows the possibility of helping eye troubles to a variable extent by curing abnormal conditions in the nose.

CASE IV—CHRONIC OTORRHEA.

Mr. H., aet. 45 years, a farmer, came to the hospital March 2, 1894. He had been deaf since two years old and had a history of chronic and very offensive otorrhea. He had been at the Allopathic hospital two years ago, where, after a course of treatment with sprays, he was advised to discontinue his efforts for relief and to leave the ears alone, as they could not be cured and meddling was dangerous.

Examination showed a catarrhal condition of the posterior part of the septum and a large spur on the right side. Both drums were perforated and the membranae tympani nearly gone on both sides. The discharge from the ears was thick, yellow and exceedingly offensive (sour odor). He was given *Silicia* internally, at first, and later this was changed to *Mercurius Dulcis*. Locally the ears were treated with the digestive ferment (the glycerole of pepsine) for three weeks, after which, the discharge having ceased, they were filled every second day with aristol and impalpable boracic acid powder. The nose and throat were sprayed daily and the ears inflated with the Politzer bag to keep the eustachian tubes open.

On April 10th the otorrhea had stopped entirely, and his hearing was greatly improved in both ears.

It is interesting as another case showing the value of the digestive-ferment treatment, together with the indicated Homeopathic remedy in chronic purulent otitis media, especially since it had been given up by physicians of the old-school as hopeless and incurable.

CASE V—INCISED WOUND AND SYMPATHETIC OPHTHALMIA.

F. W., aet. 46, farmer, admitted to the hospital February 27, 1894. Was stabbed in the face by a butcher-knife December 20, 1893. The knife entered over the malar bone about an inch below the lower lid of the left eye, passing upward, the incision leaving a transverse scar about three-fourths of an inch long. At the time and until he came to the clinic it was thought that the knife had not wounded the eye, as there were no external signs of it. The wound on the cheek healed promptly, but the eye became and continued red and painful.

When he entered the hospital it was still slightly red, somewhat painful, with profuse lachrymation and discharge of mucus. Sight was entirely gone. There was not as much pain as formerly, but it seemed deeper. Tension was lessened. The globe was shrunken and did not move freely upward, being apparently bound down by adhesions deep in,

back of the conjunctival juncture. The right eye was very sensitive to light, and the ophthalmoscope revealed more or less congestion and evidences of sympathetic irritation.

Prof. MacLachlan advised excision of the injured eye, saying that he thought the knife had penetrated the eye and that it was thoroughly disorganized. It was removed under ether. The tissues were found to be firmly adhered to the lower part of the globe, and a transverse linear cicatrix on the under side of the globe proved that the knife had entered the eye deeply, as was anticipated. The right eye made a good recovery and patient was discharged.

CASE VI —RETINAL HEMORRHAGE.

F. C. J., male, aet. 28, machinist; admitted March 16, 1894. Thirteen years ago patient had trouble with the eye. Consulted Dr. Agnew, of New York, who pronounced it "hemorrhage into the posterior chamber of the eye." The eye cleared up then in about three months. Had another attack two years later, another in two months, all of which cleared up after a few weeks. Last Thanksgiving Day he had another hemorrhage, and three weeks ago the sixth and last attack occurred. The vision is clearing again and the eye shows little sign of disease externally. When the attack comes on he sees what "appears to be a mass of fine worms before the sight, which gradually spreads out and covers the vision like a cloud." At times he has pain in the eye, which shoots back into the occipital region. Occasionally he has epistaxis also.

With the ophthalmoscope fundus is seen indistinctly, but there are traces of former hemorrhages as well as recent. The internal recti muscles are weak.

He is wearing glasses—R. + 4 D. S., L. + 1.25 D. S. ⌒ +. 5 D. C., ax 80°—which seems to correct his refractive error. Vision at the time of admission was R. $\frac{6}{60}$., L. $\frac{6}{18}$, which was increased by his glasses to $\frac{3}{36}$ and $\frac{6}{12}$ respectively. He had taken during and following every attack a prescription by Dr. Agnew of *Iodide of potash* in moderate doses and had come to rely very fully upon it. He was on his way East at the time, hence was not seen again. Prof. MacLachlan pronounced it a case of idiopathic retinal hemorrhages. There was no history of injury and no signs of scrofula or other dyscrasia, as might be expected to exist. He was a man of fine physique and otherwise in perfect health.

CASE VII—PERFORATING CORNEAL ULCER AND RESULTING ANTERIOR SYNECHIA.

K. B., female, aet. 7, admitted December 5, 1893. In April, 1893, she had chicken-pox and two white spots came on the cornea of the left eye. They were small at first, but became larger until the eye was blind. Could see little until November 4th. Eyes were very weak.

On entering the hospital the eyes were very painful, red and sensitive to light. Her face was covered with scabs. The lids were red, thickened and sore. She constantly pressed the eyes with her hands and when in bed lay with her face down and pressed upon the pillow. There was an opacity at the lower and inner part of the left cornea near the sclero-corneal junction. Behind this the iris was adhered to the cornea. An atropine lotion was prescribed with a two-grain ointment of yellow oxide of mercury—*Protiodide of Mercury* internally. Later she was given cod-liver oil in milk as a food and the atropine lotion changed to eserine, two grains to the ounce.

In January the adhered iris was loosened by a round-pointed delicate knife, devised by Mr. Lang, one of the surgeons at the Royal London Ophthalmic Hospital. A small incision was made by the keratome through the cornea on the side opposite the adhesion for the introduction of the knife. The eye improved rapidly, so that vision was increased to $\frac{6}{12}$, and the inflammation and photophobia entirely gone when she left the hospital.

CASE VIII—DEFECTIVE SPEECH WITH HYPERTROPHIED TONSILS AND ADENOID GROWTHS.

W., male, aet. 20, admitted November 21, 1893. Has immensely enlarged tonsils and adenoid growths in the naso-pharynx. His speech has always been very defective, it being very difficult to understand what he tries to say. He is quite intelligent and thinks quickly. The voice is muffled and nasal and consonants scarcely at all articulated, showing that the functions of the pharynx and nose, at least, were almost entirely unperformed. The nose is obstructed and he has been a "mouth-breather" since he can remember.

Inspection showed hypertrophied tonsils and by rhinoscopy the naso-pharynx was seen to be full of soft, glandular tumors, completely closing the posterior nares.

The tonsils were amputated with the MacKenzie tonsillotome and the adenoids removed with the Cohen post-nasal forceps. Patient left hospital before healing was complete and the ultimate effects upon the speech have not been learned.

Preventive Medicine.

VACCINATION AT THE IOWA MEETING.

By E. CARTWRIGHT, M. D., Decorah, Iowa.

In your issue of June 15th, in noticing the proceedings of the Iowa State Convention, held at Cedar Rapids, your informant says:

"A great deal of testimony was offered, pro and con, on the subject of the advantage of this supposed prophylaxis (alluding to vaccination), the burden of the testimony being against its certain usefulness, and in favor of the thought that a great deal of damage is done by the introduction into the system of septic material."

To this report I must object, as not in accordance with the facts. When a resolution was introduced condemning vaccination objection was made, and until the word "compulsory" was introduced it seemed the question would be hardly entertained. The compulsion was thought to be an invasion of individual rights; as one speaker asserted, it is paternalism, a relic of monarchy, of old-world government, and had no business here in a democracy. It was also urged that the occasional apparent evil effects were from the use of impure vaccine, as will be found on examination of a package of points; three or four points in a package are tinctured with bloody scum, and likely to give rise to septicemia, from absorption into the blood of septic material, from putrefaction derived from the exposure of this bloody serum to the air. But these are only isolated cases, whereas,

before Jenner's day whole tribes and savage nations were swept out of existence by this malady, and a shipload of emigrants from the old world usually brought quite a number of the victims of this loathsome disease, the blind, deaf, lame and halt, and the loathsome, pitted out of all semblance to a comely humanity. Attention was also called to the fact that with the cases of supposed injury by vaccination no previous history of the patient was given. See note below; the supposed victim had not then been presented.

Darwin says for a thing to be truly scientific it must be verified again and again. Is not this the case with vaccination?

The opponents of vaccination also assert that Hahnemann and Homeopathy are opposed to vaccination. In Hahnemann's time vaccination was only an experiment, not an established fact. I believe I am only reiterating a fact when I say that the best thinkers in Homeopathy and Allopathy and Eclecticism, or at least a large majority of them, accept and practice vaccination. Did not Jenner hit a fiber of the same doctrine as Hahnemann when he obliterated a most deadly and loathsome disease by the substitution of a like but milder one? I think he did, so I say: "All hail, *similia, similibus curantur!*"

Note.—After the debate in Convention had closed a young man was introduced, said to have gone blind from vaccination. There was no history of his previous condition given, which looked suspicious. In the evening of the same day I met this young man at an entertainment given the Association by Dr. Cogswell. I asked him when he was vaccinated. He replied: "Last March" (1894). Then came the query, When did you have trouble with your eyes? His reply was: "Last fall" (1893). No comment needed.

Medical Century Clinic.

Aching in the back of the neck. A persistent pain or ache in the back of the neck, a pain that stays all the time, day and night, is one of the positive signs of a run-down nervous system. The patient feels it when he wakens in the night; he cannot shake it off when he rises in the morning; it is with him while at business, at the club, at the theater—at all times and at all places the constant ache is felt in the back of the neck. It is felt the least when the brain is quiet, always aggravated when worried or under mental strain. Whether the subject be an overworked school-girl or an overtaxed business man the pain is the same; it affects the same location and has the same kind of cause for its development. I have observed it in numerous cases. It is hard to relieve permanently, because the whole nervous system of the individual is run down and must needs first be built up before real and permanent help can be obtained. Medicines may help subjects of this complaint, but the first thing needed above all things is *rest*. This rest can usually be best obtained away from home, because many people need rest from the every-day home life as much as they do from the every-day business cares and worries.

J. Martine Kershaw, M. D.

St. Louis, Mo.

Intermittent Fever.—Patient resided in newly settled country and had the chills and fever for two years. The chills usually came at 8 or 9 a. m., but sometimes at other times, probably due to the *quinine* he was taking. Chill came every other day, but sometimes the *quinine* would throw it out of date or break it up for one, two or three weeks. Then it would return every other day. The patient got desperate and took a teaspoonful of *quinine* every two hours, till nine were taken. Everything looked green after this—too light-headed to stand without holding to something. Some chills hard, others light; fever very high and delirious. When chill was hard fever was light, and *vice versa*.

Took *Kali nitricum*, one-half teaspoonful in warm water early in the morning of chill day, with no chill that day. Next day took one-fourth spoonful. Next day, which was chill day, one-eighth spoonful, and no chill. This dose was repeated several days, then two or three times a week for several weeks. No chill after first dose.

The fellow happened to strike a remedy Homeopathic to the case; the dose was larger than necessary, the results perfect. I think the 3x, 12 or 30x of the same remedy would have cured as promptly.

J. W. Parker, M. D.

Warsaw, Ill.

Remittent Fever: Eupatorium.—Erysipelas: Apis.—The following cases were incidentally reported in a private letter by Mr. E. A. Taylor, a senior student in Hering College:

The lady where I board complained for some time with what she feared would terminate in typhoid fever. Headache and nausea on awaking; worse every other day; headache is worse in the occiput; comes in the morning and lasts all day, unless relieved by vomiting, which is "very bitter." Distressing pain in the stomach, relieved by vomiting. *Eupatorium perf.*, a few doses in water cured in two days.

Her son had facial erysipelas; face very red, swollen, and much puffiness, worse under the eyes; complains of "stinging pains"; urine scanty; no thirst. A blind man could not miss it. *Apis* 30, in water, four doses. In six hours there was a marked change; swelling rapidly subsided, pain ceased, and in a few days he was well.

Yet, if I remember rightly, a young and nice professor in a certain alleged Homeopathic college declares that this was one exception to the Homeopathic law, and could not be cured without local treatment.

H. C. Allen, M. D.

Hyde Park, Chicago.

Associations.

HOMEOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Reported By W. A. DEWEY, M. D., New York.

The forty-third semi-annual meeting of the Homeopathic Medical Society of the State of New York was held in the Entertainment Hall of the Middletown State Hospital, at Middletown, Tuesday and Wednesday, September 25th and 26th.

Owing to the prolonged absence in Europe of the president, Dr. J. M. Schley, due to illness in his family, Dr. E. J. Bissell, of Rochester, first vice-president, occupied the chair. After prayer Dr. S. H. Talcott, the popular superintendent of the hospital, welcomed the society to the city and institution in a most happy vein, and gave a most interesting *resume* of the establishment of the institution and the good work done and being done here.

After a reply by the chair, reading of the minutes by the secretary, Dr. John L. Moffat, and the report of the Board of Censors, adding some twenty-five new members of the society, came the bureau work, the first being

THE BUREAU OF PUBLIC HEALTH.

Dr. J. W. Candee, of Syracuse, read a paper entitled, "The Garbage Question," wherein various methods of garbage disposal were treated and which might be summarized as follows: That the present and past methods of dumping and burying garbage are insufficient and unsanitary. That cremation furnishes a satisfactory method, but one that is impractical, owing to expense. That extraction and chemical methods furnish the most efficient and practical method for the disposal of garbage.

Dr. H. M. Paine, of Albany, read a paper upon Consumption, wherein was ably argued that a fruitful cause of this disease was tuberculosis in kine and milk. A lengthy discussion ensued upon the best methods of detection of tuberculous cattle and the sterilizing of milk.

THE BUREAU OF OBSTETRICS.

Dr. L. L. Danforth, of New York, read a paper entitled, "The Treatment of Face Presentations," advocating early intervention in cases where the chin is directed posteriorly, and manual flexion of the head be produced. Dr. Willis, of Brooklyn, read a paper entitled, "Obstetrical Cases," relating a case of placenta praevia, one of post-partum hemorrhage and one of prolapse of the funis. The doctor also described his original method of dilating the os, which was recently described by an Allopathic physician as his own. It consists of the successive introduction of fingers into the os up to the introduction of the whole hand, "tiring out the os" instead of forcible dilation. Dr. E. G. Cox, of Albany, next read a paper entitled: "The Insufficient Teaching of Practical Obstetrics."

THE BUREAU OF OPHTHALMOLOGY AND OTOLOGY.

Dr. Henry C. Houghton read a paper on "Aural Massage," Dr. Bissell one on "Strabismus" and Dr. Helfrich one on "Auditory Exostosis."

THE BUREAU OF NECROLOGY

presented, through Dr. E. Hasbrouck, reports on the deaths of Dr. L. B. Wells, of Utica, and Dr. H. M. Dayfoot, of Rochester.

An interesting meeting was held in the evening, bearing upon the report of the Committee on Hahnemann Statue. Addresses were made by Dr. Henry M. Smith, Dr. A. R. Wright, a most eloquent appeal by Dr. A. S. Couch, of Fredonia, and some supplementary remarks by Dr. Talcott, after which subscription blanks were distributed and $535 was soon raised.

BUREAU OF MATERIA MEDICA.

The only paper presented to this most important bureau was one by Dr. Frank Kraft, of Cleveland, Ohio, on "Potency." Indeed, we believe that no member of the bureau was present at the meeting. Dr. Kraft's paper, only read in *resume* and not discussed, a slim showing for what should be the most important bureau of the society.

THE BUREAU OF GYNECOLOGY.

Three papers were presented, one by Dr. Snyder, "The Conservative Treatment of Acute Salpingitis," one by Dr. DeWitt G. Wilcox on the "Curative Treatment of Membranous Dysmenorrhea" and one by Dr. W. C. Latimer on "The Bicycle in Relation to Diseases of Women," in which the doctor argued that riding, especially the diamond-frame wheel, was beneficial in cases of dysmenorrhea and prolapsus when due to atony of the muscular structures of the pelvis. Much interest was taken in this paper.

THE BUREAU OF CLINICAL MEDICINE.

Most of the papers of this bureau were read by title. Dr. Bryan, of Corning, had a short paper relating a case of mental trouble following *La Grippe*.

THE BUREAU OF NEUROLOGY.

This bureau was probably the best of the meeting. Papers were presented as follows: One by Dr. C. Spencer Kinney on "Melancholia," one by Dr. S. H. Talcott on "Some of the Causes of Melancholia," one by Dr. Allen, of the hospital staff, on "Paranoia," one by Dr. Arthur, of the staff, on a "Mistake in Diagnosis," wherein a case of general paresis was mistaken for chronic alcoholism by the committing physician, and one by Dr. Haedlicka, also of the staff, on "The Nervous Influences Obtaining in a Cold." Dr. H. M. Paine gave an account of the present status of the new asylum to be erected at Collins' Farm in Erie County and urged individual work to obtain an appropriation from the legislature, so that work could be commenced at once.

These excellent papers, together with the ample facilities afforded the members for visiting the wards of the hospital and the extreme courtesy of the resident staff of the institution, made the Bureau of Neurology a crowning success and Chairman Butler is to be congratulated.

THE BUREAU OF PEDOLOGY.

Two papers were read before this bureau, one by Dr. B. G. Clark, of New York, on "Ophthalmia Neonatorum" and one by Dr. W. M. Decker on "A New Nursing Device," which struck those present as being the best thing of its kind, and which we hope, when perfected, to be able to describe for your readers.

THE BUREAU OF LARYNGOLOGY AND RHINOLOGY

was represented by one paper by Dr. F. P. Lewis on Nasal Polypus. Several other papers in this as well as other sections were read by title.

THE BUREAU OF SURGERY.

This bureau was also well represented, several interesting papers being presented. Dr. W. H. Bishop made some observations on omission of passive motion during the treatment of fractures from a study of a hundred cases. Dr. W. O. McDonald related three cases of intestinal obstruction after abdominal section, urging reopening of the abdomen when suspected. Dr. J. M. Lee continued his Denver paper, having had nine hysterectomies since the thirty-four reported there, making a total of forty-three, one of the most interesting of which the doctor read. A paper by Dr. J. H. Schall, on the treatment of burns, was also read, and some others by title.

Altogether the session was a most enjoyable one, and the hospitality of Dr. Talcott and staff will ever be remembered. W. A. D.

HERE AND THERE AT MIDDLETOWN.

Middletown is one of the loveliest cities of the world.

The earth's crust is thicker and stronger at Middletown than anywhere else, and there is a special bulge in the sky over the city. S. H. Talcott.

* * *

Nine out of ten cases of summer complaint in children occur in those who are bottle-fed on milk bought at dairies. T. Y. Kinne.

* * *

New Jersey has a law which requires the examination of all cows whose milk is on sale. If found tuberculous they are killed and paid for by the State.

* * *

Sterilizing milk consists in heating it to 212° F. for forty-five minutes. Pasteurizing milk consists in heating it 170° F. for one minute, 158° F. being necessary to destroy the tubercle bacillus.

Walcott.

* * *

Neither of these procedures boils the milk, since milk boils at a higher temperature than water, so practically the milk is unchanged.

* * *

A good way to dilate the os in obstetrical practice is to tire it out by successive introduction of fingers, using but little force.

* * *

Recent graduates having had limited obstetrical experience should look sharp not to dilate the urethra instead of the os.

* * *

There should be no barbed-wire restrictions as to what potency one should use. Kraft.

* * *

Physical torture has never been a good Homeopathic remedy for spiritual despair. Talcott.

* * *

More than one-half of American women fail to nurse their babes.

* * *

Patients who have an idea that they are being wronged and persecuted are the most dangerous. Scarcely any case of paranoia can be considered harmless, hence they should not be treated at home.

Geo. Allen.

* * *

Paranoia furnishes the kings, queens, emperors and Christs of asylums and also that class of cranks at large in the community who, from time to time, commit unexpected and unprovoked homicidal attacks. Allen.

* * *

Dr. Talcott's *smorgasbord*, or Swedish lunch, set out each day was a pronounced success. The way the *sillsallat* and *graflax* disappeared can only be appreciated by the speediness with which the table itself ceased to groan under the weight of these delicacies.

* * *

The *Conglomerate* office was visited and we made the acquaintance of the "Judge," "Fat Jim" and others of the editorial staff. It seems almost incredible that such a complete journalistic plant was started and is maintained wholly by patients of the institution.

* * *

Man wants but little here below
To make of him a holy show;
And when he gets that little down
He's apt to think he owns the town.

—Fat Jim.

The imperial commonwealth of New York has expended over $1,000,000 on these grounds.

* * *

Kindness is the blarney stone which each new applicant for employment here must kiss and swear by before he can be employed. S. H. Talcott.

* * *

Rest and refreshment are the watchwords of the institution. W. A. Dewey.

HOMEOPATHIC MEDICAL SOCIETY OF INDIANAPOLIS.

On the evening of September 5, 1894, the Homeopathic Medical Society of Indianapolis met at the office of Dr. J. T. Boyd, after its four months' summer vacation.

After the usual preliminary business, Dr. F. C. Stewart read a very practical paper on the "Toilette of the Umbilical Cord," in which he advocated waiting for pulsations to cease and tying twice before cutting. The paper was discussed by all the members present, none of whom favored leaving the cord untied.

The Homeopathic Society of Indianapolis next met at Dr. Boyd's office Wednesday evening, September 19th.

After discussing ways and means of insuring better results in society work, Dr. O. S. Runnels read a paper entitled, "The Unsaved Remnant," which was written in the doctor's most happy style. In the discussion which followed, Dr. Holloway, from Vincennes, said we would get tenfold better results if orificial surgery be coupled with Homeopathy, and that the physician should also be the surgeon.

Dr. W. B. Stewart deplores the fact that in chronic diseases the patients are too prone to change physicians, but thinks the reason of this often lies in the physician himself. He is in too much of a hurry.

Dr. F. C. Stewart emphasized the fact that to treat chronic diseases successfully calls forth all the physician's greatest effort and skill.

Dr. Boyd thinks that surgical interference in many chronic troubles is absolutely necessary.

Dr. J. D. George said that no fixed line of treatment will suffice in all cases, and that in chronic diseases we should teach the patient that the road to health is usually a long one.

Dr. C. E. Sawyer spoke of the necessity of individualizing cases, and that the healer must recognize the fact that there are some patients whom neither medicine nor surgery will cure, but can only be reached through mental therapeutics.

In closing the discussion, Dr. Runnels said he had two objects in view in writing this paper:

(1.) To have the doctor reach an end by intelligent action.

(2.) To get before the patient the fact that he has a function to perform in medication.

Dr. and Mrs. E. V. Van Norman, San Diego, Cal., were among the recent visitors to Chicago.

Dr. T. G. Roberts, late of Washington, Iowa, has located in Chicago and is teaching Physical Diagnosis in Hering College.

Medical Century

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C. E. FISHER, M. D., - Editor,

ASSOCIATE EDITOR:

W. A. DEWEY, M. D., New York.

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SENTIMENTAL ETHICS.

There has been for ages, even further back than we can remember, a vast attempt to cheat the mind of man into an acceptance of much as ethical that is only over-tender, diffuse and vague, the question of ethics being one of beauty and of value only as the tenets advocated are of the intellect and not of the emotions. The intellect, from another standpoint, gives us our ethics and through the emotions enjoys its own gift. But in ethics as in rigidly classified knowledge no weight attaches to empty hypothesizing where one feels as a premise and reasons as a conclusion.

The especial profession which is most directly concerned with ethical doctrines is the medical profession, because it, as no other, has such direct connection with the two paramount manifesta of ethics—the responsibilities for life's dawning and extinguishing. And it will rest largely with the medical profession as to whether the time-honored superstitions with regard to life shall continue in *statu quo* or shall be modified to suit a larger scientific view.

The question of when it is permissible for lives to be born into the world is only equaled in importance by the question of when should lives be taken out of the world. The first has generally been answered by a lax acceptance of situations. No matter how unwelcome a guest, no matter with what unhappy circumstantial environment, no matter with what foredestined curse of heredity, mental, moral, physical, no matter that the embryo life which should be the typification of love and should see the light only under the tenderest, most cautious and brightest auspices must come upon its world unwanted and an accident; when the babies have been found to be *en route*, God has sent them and that ended it. But this flinging of human wrong-doing, mismanagement and often crime at Deity's door no longer serves a turn, and the day comes and is not far distant when the whole system of thought upon this subject may be revolutionized, when it may be no longer wholly a question of the survival of the fittest, but of the allowing of the fittest.

The second question of responsibility involves the consideration of crimes and penalties, and we come upon traditions and ancient faiths and legends of mercy, divinities and divine attributes whenever we come upon the consideration of crimes and penalties. We come upon laws and customs which are worse than laws whenever we would think of expediencies and uses. We come upon the so-named rights of the individual whenever we would devise for the best development of the many. We are handicapped by a too-great consideration and respect for life in its form of mere existence. We are too fearful of depriving anyone, be he seer or sot, of the blank power of living. The people are not ethical when the beast in them is aroused and crying for blood for vengeance' sake, but they become so when cold, just reason enters, however gingerly, into reasons of expediency. This sentimentality in the valuation of life warps all our judgment and vitiates all our philanthropy. Life as life dilates and quickens before us until there seems no crime more terrible than the legal lopping off of life for humane reasons, no responsibility of so great assumption as the determining when the ax shall fall. We forget all the while that life is no boon to the many and opens greatly and grandly and worth-the-while only to the few who accept it altruistically and knowingly. It, perhaps, should never be allowed to dawn for those who, from its incipiency, will be hampered by circumstance and cursed and deformed and defrauded by heredity. The mercy which pleads for life *per se* is twin sister of revenge and reparation and follows in their wake. If we were broader in our application of punishments we should have less of mercy and more of justice, which is the most merciful of all.

Early in our student lives we are surprised by one unthought-for fact which leaps out at us from our civil government text-books. It is that penalties are inflicted not for the betterment or punishment of the individual but for a deterrent effect upon others criminally intending. We learn it glibly to apply it never. Punishment is for us inextricably tangled with the ideas of reparation and revenge. As those ideas cool we resort to mercy as a loophole of escape from our own poor logic. There is no better illustration of the very general hold such valuation of crimes and penalties has upon the sense of the people than as shown in the psychic influences which a brutal paranoiac, crime starts in evidence, *vide* the Guiteau and Prendergast cases. A useful life illy spared was the sacrifice in either case. The people cried for revenge. On whom? A sickly, puny paranoiac whose degenerated physique was in part responsible for his perverted mentality and whose perverted mentality was in part responsible for his

degenerated physique. Such lives we know inherently should not be allowed to menace the innocent, but the mistake lies in taking such lives with any idea of reparation, rather with the idea of preservation. But it is not yet in the people to so consider punishments and the guilty. They want blood for blood so long as their own blood is up. That is an instinct, brutal perhaps, but better timed than the mercy which advocates the sparing of such lives as an incumbrance to themselves and a staring danger to others, whether at large or in a mad-house.

What a waste of good material is involved in our system of capital punishment! How ludicrous from the standpoint of society, which does not happen to be paranoiac! For instance, the pleas of incurable insanity which, as now viewed, constitute sure grounds for dodging the gallows should, from society's standpoint, constituteone of the best grounds for swinging from them. While, on the other hand, an intellect that has in itself the possibility of cure, that may have yielded only once to criminal impulse and the preservation of whose life for all the one-time sinning might result in some future good if rightly corrected and directed, is hounded out of the world with the most terrible vindictiveness.

In the above we are of course assuming the now generally admitted premise that all criminals are sick people, mentally and physically undeveloped or warped, or both. A well man does not commit crimes. This is not only instanced in the every feature of the criminal, but by a trial recently made at the Elmira prison of the effect of good food and cleanliness upon the prisoners. The experiment was conducted among surroundings clean, light and airy. The food was good and cleanliness was insisted upon. The results showed a noticeable improvement in the mental, moral and physical aspects of each prisoner and, while not extended enough to be wholly conclusive, were more than suggestive of the possibility of cure for those criminally afflicted where moral degeneration had not too far developed.

THE SOUTHERN ASSOCIATION.

The tenth annual meeting of the Southern Homeopathic Medical Association will convene in Chattanooga, Tenn., on the 14th of November, and continue in session three days. There is no more prosperous and useful association in the United States under the auspices of Homeopathy, with the single exception of the American Institute, than the Southern society. In fact it is the American Institute of the South, and no one can attend its meetings and not be brought to a full realization of the knowledge that it is a most useful and commendable organization.

When the initial steps were being taken toward the inauguration of the Southern Association the then president of the American Institute of Homeopathy, Dr. J. C. Sanders, of Cleveland, at the Deer Park meeting, pronounced the movement a disloyal one, a secession of Southern members of the profession, and only at the earnest personal solicitation of the writer were the offensive words stricken from his presidential address. Dr. T. F. Allen, of New York, succeeded Dr. Sanders as president of the Institute, and without fully understanding the motives of the handful of Southern pioneers behind the movement predicted the failure of the proposed association, proclaiming that it was being born for the gratification of personal ambitions and that no sufficient reasons operated to justify the organization of a Southern sectional society. But the distinguished and honorable gentlemen referred to were unacquainted with the Southern situation and unacquainted with the spirit and determination which conceived and supported the movement, and both to-day most gladly give hearty recognition to the Southern Association and commend it and its work for Homeopathy in the great Southern mission field. Its record for the first decade of its existence is exceedingly satisfactory to its promoters and members, and it is not doubted that the Chattanooga meeting will outstrip all former sessions in interest and profit.

The Southern Association is a sectional society geographically only. When it was organized there was but one Southern state society in active existence, the Texas Association, of which the editor of this journal was then president. Now Texas, Louisiana, Kentucky, Tennessee, Alabama, Florida and Maryland have successful State associations. To all of these the Southern Association is a parent body, and to it all subscribe an allegiance second only to that owing to the American Institute. Representatives from all the Southern States, those having state societies and those not having them, attend its meetings, and each succeeding annual meeting finds sympathizing visitors from other States in attendance. Delegates from Chicago, Cleveland, St. Paul, Philadelphia, Cincinnati, Indianapolis, Pittsburg, Kansas City and other Northern cities have been present at its meetings, until the Southern Association has become for the autumn what the Institute is for the summer, a splendid convention of Homeopathic physicians and surgeons, assembled for the purpose of prosecuting Homeopathic interests, professional, medico-political and social, more especially as these may relate to the great mission field of the South, but, also, as they pertain to the Homeopathic profession the world over.

There is absolutely nothing selfish nor strictly sectional about the work of this Southern society. Everybody attending its meetings is greeted with genuine Southern hospitality and made to feel at home. Especially welcome are visitors from Northern and Eastern states. The "freedom of the con-

vention" is always heartily extended to all who honor the Southern profession with their presence and encouragement, and this year, as in preceding years, a large attendance from all the Homeopathic centers of the country is most cordially invited. The season of the year is a splendid one in which to visit Chattanooga and the mountains of Tennessee and the occasion should be an unusually enjoyable one. Chattanooga is surrounded by battlefields and places of historic interest and these will lend an interest peculiarly their own to Northern and Eastern colleagues, of whom we very much hope to meet a large number at the appointed time next month. Many prominent American Institute workers will be present at the Chattanooga convention from New York, Philadelphia, Cincinnati, Pittsburg, Chicago, Indianapolis and Denver, according to promises already made. Join them, readers of the MEDICAL CENTURY, as many as can, and thus encourage and aid our colleagues of the South in their great and commendable mission work.

Editor's Table.

Dr. Henry Sherry, late of Chicago, has located at San Antonio, Texas.

Dr. Helen Babcock has removed from Bozeman, Mont., to Longmont, Colo.

Dr. Charles C. Curtis has removed from Dunkirk, N. Y., to Jamestown, same state.

And now Georgia is confronted with a three-board medical examiners' bill.

Dr. L. N. Grosvenor, Edgewater, Chicago, has removed to his new residence, 928 Kenmore Avenue.

Dr. G. G. Clifford, San Antonio, has been elected surgeon to the San Antonio Gulf & Shore Railroad

Dr. William S. White, Dermatologist, of Chicago, has taken a suite of down-town offices at 70 State Street.

Dr. Charles Dake, Hot Springs, Ark., has recently enjoyed a visit to his parents and brothers and friends in Nashville, Tenn.

Dr. T. W. Roberts, recently engaged in practice at St. Cloud, Minn., has removed to Winona, Minn., and has taken an office in the Smith Block.

Dr. A. M. Duffield, Huntsville, Ala., has been spending a few weeks in Colorado, whither he went in professional capacity with a patient.

Dr. Curtis M. Beebe, formerly connected with Chicago Homeopathic Medical College, is now connected with the National, on the North Side.

Dr. C. F. Braden, oculist and aurist, secretary of the Texas Homeopathic Medical Association, has removed from San Antonio to El Paso, Texas.

Dr. G. W. Roberts, the genial business manager of the *North American Journal of Homeopathy*, has removed to "The Strathmore," corner Fifty-second Street and Broadway, New York.

The State Medical Department at Galveston has an enrollment this year of one hundred and twenty students. It is wholly an old-school department.

Dr. W. A. Dewey, our New York representative, has changed his address to 52 West Twenty-fifth Street, New York, having returned to the city from his summer outing at his farm near Middlebury, Vt.

Dr. T. E. Roberts has given up his Chicago city office and will hereafter devote himself exclusively to his practice in Oak Park, one of Chicago's loveliest suburbs.

Dr. W. Jno. Harris, Professor of Genito-Urinary Surgery in the Homeopathic Medical College of Missouri, St. Louis, has recently returned from his summer vacation in Europe, having been away since the middle of June.

Dr. P. Follett, of Chanute, Kan., is in New York city taking a special course in surgery and diseases of the eye in the New York Post-Graduate Medical School and Hospital.

Dr. T. C. Duncan has issued a postal-card invitation to the profession to attend his special lectures at the National Homeopathic Medical College on Monday mornings, 10 to 11 o'clock.

Dr. W. H. Phillips, late of Cape May, N. J., has located at Thomasville, Ga., one of the justly celebrated winter health resorts of this country. Throat and lungs will be his specialty.

Dr. C. A. Wilson, formerly of Pittsburg and Allegheny, now of San Antonio, has recently returned from a summer outing in the mountains of West Texas, much improved in health.

The Southern California Homeopathic Medical Society met in annual session at Los Angeles on the 10th and 11th inst. This society was wo-manned by Dr. Willela Howe, president. Dr. Eugene Campbell is secretary of the association.

Dr. Fisher, editor of the MEDICAL CENTURY, escorted a patient from Chicago to San Antonio the early part of this month, spending a few days in his former southern home. While there he did an ovariotomy upon a former patient.

The Associated Press reports claim a material increase in the attendance at all the departments of the University of Michigan except the Homeopathic, which, it is said, showed a marked decrease over last year, having now only eighteen students.

Dr. P. C. Majumdar, of Calcutta, India, has shown his faith and confidence in Hering College by sending his son to attend its course of lectures this winter, at which Hering feels very highly complimented, as a matter of course.

The Homeopathic Medical College of Missouri held its opening exercises last month with the largest class ever known in its history. The opening address was delivered by Prof. W. B. Morgan, Professor of Surgery in the St. Louis school.

The Homeopathic Department of the University of Minnesota began its annual course on the evening of October 9th with an increased attendance over last year. The opening address was made by the dean of the faculty, Prof. A. P. Williamson.

Texas is about to have another old-school college, a corps of physicians having organized a medical department to the Fort Worth University. Fort Worth has about twenty thousand inhabitants. Great population, that, from which to draw clinics!

The Medical Century will return to the Marshall Field Building, 31 Washington Street, corner Wabash Avenue, November 1st. A city office has been found to be absolutely necessary for the convenience of the visiting and local profession. Its new homing will be permanent.

Dr. Fisher, editor Medical Century, will retire from general practice November 1st and will hereafter devote his attention exclusively to office practice, surgery and his literary work. His office will be Suite 931-35 Marshall Field Building, with hours from 1:30 to 4.

Dr. Harvey Dale, of Oshkosh, Wis., is out with a very neat reprint of his paper, which appeared in the Medical Century some time ago: "What Dr. Browning Knows of Homeopathy." Such readable and logical matter as Dr. Dale therein sets forth cannot be too widely disseminated.

The November 15th issue of this journal will be a special climatological number. In it will be presented the claims of the various winter resorts of this country to the patronage of the profession in throat, lung, kidney and other disorders demanding removal for the winter from the more rigorous climates of the North and East.

A thoroughly capable Homeopathic physician, man or woman, who is at liberty to accept a position in a sanitarium immediately, will do well to address the Walter's Sanitarium, Walter's Park, Wernersville, Pa. Here is a good chance for some bright young physician to enter upon work in one of the finest sanitariums of this country.

The twenty-fourth annual report of the Massachusetts Homeopathic Hospital has been received and shows a most gratifying financial and professional condition. This hospital is one of the largest and best belonging to Homeopathy, and by virtue of its association with the Boston University School of Medicine the latter institution is unusually well supplied with clinical facilities of a high order.

The F. A. Davis Publishing Company, of Philadelphia, has announced the issuance of "A New Work on Obstetrical Surgery" under the authorship of Drs. Egbert H. Grandin and Geo. W. Jarman. The book is to deal wholly with the surgical side of obstetrics and ought to find ready sale. The authors are thoroughly competent to deal with it and the Davis Publishing Company usually issue their works in first-class style.

The National Homeopathic Medical College of Chicago held very auspicious opening exercises on the evening of Tuesday, September 25th. The opening address was delivered by Prof. LeRoy C. Hedges and the music was furnished by the Chapel Quartette. The National is enjoying a very satisfactory degree of prosperity and, it is said, opens its fourth winter's course with about forty students.

Hering Medical College held its third annual opening exercises at the college building, corner of Cottage Grove Avenue and University Place, on the evening of Monday, October 1st. The exercises were thoroughly informal and heartily enjoyed by a large assemblage, who crowded the lecture rooms to their utmost capacity. Hering College opens most auspiciously this year with almost one hundred already enrolled.

Dr. Clifford Mitchell's private class in Diagnosis by the Urine has begun operations. This is an exceedingly practical course of study, and as Prof. Mitchell has no superior and few equals in his line of work in our profession or any other fortunate indeed are those who join it.

During his recent trip South the editor of this journal spent a day at Little Rock, the guest of Dr. and Mrs. W. E. Green. It was his pleasure, also, to meet the members of the local profession, Drs. Ayres, Brooks, Hughes and Burns, only Dr. Neal being missed. Little Rock is strong on the side of Homeopathy, and in surgery the old school has a most formiable rival in our Dr. Green.

"The Chicago Homeopath," is the name of a new journal started by the students of Chicago Homeopathic College as a college periodical. It is a neat publication, well edited, plentifully supplied with matter of a character to instruct and entertain "the boys" at the college whose student organ it is, and will always be welcomed at the Century's table if kept up to the high standard of the initial number.

A local contemporary announces that the rumor is abroad that the Medical Century has been sold by Dr. Fisher, but that he will retain the editorship for the present. Don't you believe it. Not a dollar's worth of Medical Century stock has been sold to anyone, nor is it on the market. It would take a Vanderbilt or a Rockefeller to buy this journal. Dr. Fisher is sole owner, sole editor and sole director and dictator in the Medical Century office and expects to always remain so.

Dr. Eugene W. Sawyer, Hering College, Chicago, was married to Miss Ellen L. Pendleton on Tuesday, September 4th, at The Weirs, Pendleton Beach, N. H. Dr. and Mrs. Sawyer will be "At Home," 4355 Oakenwald Avenue, after November 1st, Wednesdays, 8 to 10. The Medical Century's heartiest congratulations are extended Dr. and Mrs. Sawyer upon their mutual good fortune and the happy consummation of their blissful wooing.

Texas offers a number of promising locations in county-seat towns of from fifteen hundred to five thousand inhabitants. Among them may be mentioned Belton, Taylor, Palestine, Laredo, Corpus Christi, Cleburne, Waxahachie, Greenville, Bonham, Brenham, Seguin, Yoakum, San Angelo and Brownwood. Plucky and competent young physicians will have no trouble in finding acceptable locations in Texas. But it takes pluck and energy to make the successful pioneer for Homeopathy in that state as elsewhere.

Dr. William H. Bishop announces his removal from Helmuth House, 465 Lexington Avenue, to 119 East Forty-seventh Street, corner Lexington Avenue, New York. Dr. Bishop is one of the coming surgeons of our school and will contribute the department of fractures and dislocations to the new

Homeopathic Text Book of Surgery. Judging from the advance sheets and illustrations already in hand it promises to be one of the most instructive departments in the new book.

Cards have been issued for the marriage of Dr. Francis Day Holbrook and Miss Bertha Ervin Stratton at 3 East Thirty-third Street, New York, on Wednesday, October 17th, at high noon. Dr. Holbrook is well known as Dr. E. H. Pratt's genial associate in orificial surgery and numbers his friends in the profession by the hundreds, who will rejoice with him upon his prospective union with one of New York's fair daughters. Of course, the CENTURY joins most heartily in extending congratulations.

If any of the readers of the MEDICAL CENTURY can give us the names and addresses of any members of the Homeopathic profession who have been appointed on pension boards during the present political administration they will be rendering a service to Homeopathic applicants throughout the country. Please kindly make a note of this item and send us the desired information at earliest possible moment and thereby confer a favor upon applying colleagues.

A number of excellent contributions on typhoid fever were unavoidably crowded out of the MEDICAL CENTURY special number. They will appear with others on this subject in a special number November 1st. The editor's desk is fairly crowded from month to month with contributions from the profession, and necessarily the exercise of a little forbearance on the part of contributors is requested. Did its financial support justify we could easily increase the CENTURY to double its present number of pages, so liberal is the literary support it is now receiving.

The last time the editor of this journal visited Chattanooga was during the yellow-fever epidemic of 1878, when, as a volunteer physician, he had charge of a school-house hospital under the auspices of the Citizens' Relief Committee. It is hoped his next visit, as an attendant upon the approaching meeting of the Southern Association, will be more enjoyable, though it is hardly likely that it can be more interesting. A great pall hung over Chattanooga at that time, but there was a peculiar interest attaching to the experiences of ye editor's first visit to that city.

The Topeka Preparatory School of Medicine has issued an announcement of its work for the coming winter, this being the second year of its existence. Evening lectures will be delivered on nearly all of the important branches of medicine by a corps of physicians devoting themselves to this work for the benefit of intending students of medicine. The school is in no wise a "sun down" college, but just what its title proclaims it to be, a medical preparatory school where students may be somewhat prepared for their future college life.

The Hahnemann Hospital College of San Francisco has been sued for $50,000 damages because of the death of a boy from cerebellar abscess, the death coming soon after evacuation of the abscess by one of the surgeons of the college. The report of the case as furnished by Dr. Martin is an exceedingly interesting one, and it is not difficult to see from it that the case is one of persecution such as all public institutions are liable to meet with from time to time. Of course it is not believed that anything but annoyance will result from the suit.

The Louisiana State Board of Health has issued a circular announcing its desire to investigate the cause of the continued prevalence of diphtheria and typhoid fever in New Orleans, and has solicited the co-operation of the physicians of New Orleans by asking them to inoeculate culture tubes left in drug stores and convenient places with a few drops of milk supplied the families in which either of these diseases is prevailing. It is thought that perhaps the milk supply is the cause of the trouble and that by developing colonies of bacteria from it this can be proved to be the case, in which event a raid will be made upon the dairymen.

The English, in that heavy way of theirs, are descanting rampantly against promiscuous kissing, and are showing many reasons to believe that tuberculosis, diphtheria, gastralgia, disordered livers and toothache may be implanted by the too common oscillating of children and even of adults. They are talking, too, of sanitary committees to put down kissing, but they are overlooking, all the while, the iron hold which the custom has upon sweethearts who of themselves will keep green the memory of the institution. It is not to be supposed that love-making will be conducted on antiseptic principles.

Enthusiastic Dr. George B. Peck, Providence, R. I., Secretary of the Rhode Island entertainment committee of the American Institute for 1895, is actively at work completing arrangements with the hotels and villas of Newport for the reception of the Institute next summer. If the Newport meeting does not surpass all previous meetings it will surely not be the fault of Drs. Budlong, Peck and colleagues. They are at work early and at work all the time, it would seem. It is difficult to conceive of a more delightful prospect than is in store for the Institute next year.

Dr. Harvey Dale, of Oshkosh, Wis., is one of the doctors who knows what to say and how to say it. He was called upon to officiate at the very trying occasion of the thirteenth annual convention of the Wisconsin Funeral Directors, which met at Oshkosh on the 11th of September. We quote the occasion as a trying one, because it seemed to indicate the good doctor as being in league with the directors. However that may be, and we commend him to the most lenient judgment of our readers, the doctor's speech was very bright and witty as well as instructive.

The ninth semi-annual meeting of the Northern Indiana and Southern Michigan Homeopathic Medical Association was held in Elkhart, September 26th. There was a very large attendance, both in presence and by proxy, a number of telegrams and letters being received and read by absent members. The various reports were interesting and instructive, and some of the visiting members spoke with good effect upon various topics at large. All members expressed themselves as highly pleased with the work done, and it is said that the stock of the Elkhart hotel is rising, which last is probably a recollection of a lunch served at the Hotel Golden.

Several articles on typhoid fever having been held over from the special issue of October 1st because of lack of room, and several more having come in as the natural result of the special issue on this subject, it has been decided to give the issue of November 1st wholly over to this topic and to defer the issuance of a special climatological number one issue. Several most excellent climatological articles are in hand for a special issue and an unusually practical number is sure to be the result. The importance of the proper study of climate in relation to health and disease is growing on the profession, and we have no doubt that much benefit will accrue from the interest the CENTURY for November 15th is sure to awaken.

E. B. Treat, publisher and importer of medical books, of New York, has just issued from the press a very handsome and substantial volume of several hundred octavo pages, titled: "Volume I, Hamilton's System of Legal Medicine." Volume II is in course of active preparation and will be issued soon. This is in every sense a very complete and valuable work. There is no phase of the medico-legal question that is not thoroughly dealt with and it is as far beyond all previous works on this subject as can well be imagined. Volume I is profusely and handsomely illustrated in wood cuts and colored plates and many of its chapters are exceedingly interesting and readable, as well as wholly instructive. With its companion volume complete it will afford the medical practitioner about all the information and instruction on the subject of malpractice and medico-legal relationships generally. The volume is issued at the cost of $5.50 and $6.50 each, depending upon the style of binding.

A call has been made by a number of the Homeopaths of Omaha for a banquet to be served by them at the Paxton Block, that city, on the evening of Friday, October 19th, for the purpose of advancing the social relations of the profession of Omaha and of considering the feasibility of organizing an inter-State Homeopathic society, to be known as the Missouri Valley Homeopathic Medical Association. It is the intention, if this work is prosecuted, to invite the profession of Western Iowa, Northwestern Missouri, Northeastern Kansas and Eastern Nebraska to identify themselves with the new association. The names appended to the call to the banquet are those of Drs. T. J. Quimby, J. E. Mann, Geo. H. Parsall, D. A. Foote and Sumner Davis. It is hoped this movement will be attended by excellent results and that a strong association will be the bond of union that will cement the fraternity of the sections named. Homeopathy cannot have too many associations. Success to them all.

The thirtieth annual session of the Homeopathic Medical Society of Pennsylvania assembled in conclave last month, with a large attendance of members and visitors. The report of the treasurer showed the society to be in good financial condition and the bureau of organization, registration and statistics showed the number of members to be steadily increasing, while the report of the necrologist showed that not a single death had occurred since the last meeting. The papers were scientific, and were discussed instructively and entertainingly. Dr. Caleb S. Middleton, the president, made some very apt remarks with regard to the legislative work of the profession, and urged unceasing vigilance on that score. He called particular attention to the necessity of the Homeopathic profession being recognized as practitioners of medicine and surgery, and pointed hopefully to the time when we will be no longer barred from any honorable position because we are Homeopaths. Papers were read in the bureaus of Ophthalmology, Surgery, Otology and Laryngology, and the following officers were elected for the ensuing year:

President, Dr. W. J. Martin, Pittsburg; First Vice-President, Dr. Henry Walker, Germantown; Second Vice-President, Dr. A. P. Bowie, Uniontown; Treasurer, Dr. J. F. Cooper, Alleghany; Corresponding Secretary, Dr. E. R. Snader, Philadelphia; Recording Secretary, Dr. J. Richey Horner, Alleghany; Necrologist, Dr. T. S. Dunning, Philadelphia; Censors, Clarence Bartlett, W. G. Dietz and Mary Branson. After adopting a vote of thanks to President Middleton, the county society and the newspaper press the society adjourned.

The Washington *Evening Star*, through Pauline Pry, gives a crisp recital of the preliminaries necessary for graduation in the new so-called "Hahnemann Homeopathic University". The two or three columns which are devoted to Miss Pry are to the effect that she found that at the "University" she could take the four years' course in one year, although there wasn't any University so far as buildings were concerned, and although she had had no experience nor study, no practice in medicine, up to the time of her application at the University, except, as she very candidly says, what she had been able to glean from an occasional cyclopedia or almanac. Either Dr. Ellis, the dean, is a very elastic man generally or a very elastic man especially to ladies, as he arranged it quickly and concisely that Miss Pry might take the four years' course in one year, and Miss Pry thought that was "lovely." She even went so far as to have her matriculation card issued, which cost her five dollars, by which token she is almost a doctor, she says, and her specialty is children, and she advises mothers, if the baby keeps on crying after they have taken both Castoria and Pear's Soap, to try Pauline Pry.

Dr. E. R. McIntyre, who moved to Chicago a few months ago from Topeka, Kan., has been overtaken by a serious trouble. Early in August he attended a lady in confinement in this city who gave birth to twins weighing eight and ten pounds respectively. It is said that the placenta was unusually large and that there was rupture of the uterus and alarming hemorrhage with a fibroid in the anterior wall, and that Dr. McIntyre undertook the removal of the tumor and uterus, the case resulting fatally. An inquest was held and a verdict returned that the death resulted from shock and hemorrhage caused by the operation, and the doctor was held to the grand jury without bail. He appealed to the circuit court on *habeas corpus* trial and was released from custody, but at its recent sitting the grand jury returned an indictment against him charging him with murder, the claim being that he caused the death of the patient by the use of scissors. The case is attracting no little attention in medical circles and promises to be an interesting one. No one who knows Dr. McIntyre could believe him guilty of murder in this connection, and it is doubtless another one of

those cases where a physician is being compelled to suffer persecution and indignity for having done his best to save life and relieve suffering. We hope to be able to present a detailed statement of all the facts in the case in the next issue of this journal.

The latest word from Washington is to the effect that a band of unknown, self-styled Homeopaths have organized a new "Hahnemann Homeopathic University". This institution was incorporated under the District laws on September 26th by Charles A. Massey, W. B. Baker, Joseph C. Ellis, Thomas Robinson, H. C. Ellis, W. E. Quicksall and Philip Richer, the object of the university being to teach medicine in all the branches and allied sciences and to confer the degrees of A. M., C. E., B. E., Ph. G., LL. D., M. D., and D. D. S. Manifestly the institution is a fraudulent one and it is not surprising that the Washington Homeopathic Medical Society, feeling highly outraged by this indignity to Homeopathy, has instituted suit asking for an injunction to prevent the alleged school from opening its doors. The whole crowd acknowledge their incapacity and incompetence in medicine and boldly undertake to justify their course in organizing a college on the grounds that they have a right to do as they please in matters of this kind. It may be depended upon that the Washington profession will kill this alleged university as dead as it has killed the so-called National Homeopathic College of that city.

The membership of the Homepathic Medical Society of Eastern Ohio has shown its appreciation of the general worth and good fellowship of venerable and honored and honorable Dr. R. B. Rush by issuing an invitation to the profession to attend its meeting on the 17th inst., which will be held with Dr. Rush at his home in Salem. Dr. Rush has practiced in Salem for nearly or quite forty years, and has all this time taken an unusually active interest in all the affairs of Homeopathy, local, state and national. For a great many years he has been a member of the Board of Censors of the American Institute of Homeopathy, and for a number of years past has been chairman of that board. He has been a constant attendant upon the Institute's meetings for more than a generation, and his kindly face and genial nature have made for him warm friends of every professional brother with whom he has been thrown in contact. It is an honor to count good Dr. Rush for a friend, and one of the highest compliments which the editor of this journal has ever received was a personal invitation to be his guest during the meeting referred to. Unfortunately a threatened bad result in a surgical case will prevent acceptance, but the honor of the invitation will always be remembered and with gratitude. The Society for Eastern Ohio is congratulated upon having so useful and honorable a member for its host this year as the venerable patriarch whom we all love and revere.

The Medical Century contemplates opening a bureau of information for the benefit of its subscribers. Among the recent inquiries coming to this office is one asking the per cent of idiots, weak-minded, insane, criminals, cripples, deaf, dumb, and all defective classes of people according to the last census, if obtainable. The writer suggests that if it is not possible for us to give him this information we may give him in the journal or write him personally the per cents as recorded in the census of 1880, and whether there is thought to have been an increase or decrease in these classes of affliction during the previous decade. We have also a request from another customer asking us to hunt up a dentist who sold him a worthless set of teeth during his attendance upon the World's Congress of Homeopathic Physicians and Surgeons, and he closes with the suggestion that since the teeth don't fit him if we are able to use them either in our editorial or business departments he will be glad to have us allow him their value on his subscription to the Homeopathic Text Book of Surgery. Unfortunately for this last none of the editorial or clerical force of the Century are altogether toothless as yet, and unfortunately for the first-named subscriber it is not among the possibilities for the editor of this journal to practice medicine, teach in a medical college, edit a semi-monthly medical journal, conduct a college clinic write a book on diseases of children, edit a composite work on surgery, and search the records of the United States census all at one and the same time. We are more than glad to serve our friends whenever it may be possible, but are compelled to draw the line on census reports and second-hand teeth.

Dr. Jas. Kitchen, of Philadelphia, died of old age and debility in his 95th year, on August 19, 1894. Thus closed one of the most interesting lives which the medical profession has ever sheltered—a life which came in with the century aud almost outlasted it. Dr. Kitchen traced his parentage to Welsh ancestry, his family tree being a long and interesting one. He was never married, but always had a large family about him made up of sisters, nephews, nieces, grand-nephews and grand-nieces. It was in 1824 that he first opened an office in Philadelphia. The first year of his practice gave him but forty dollars; the second year he doubled that. But even that percentage of increase was not encouraging for his present locale and he decided to take advantage of what he considered a good opening in New Orleans, and was just about setting out upon his journey when his father was taken sick and died after a short illness. Before his death he made his son promise to remain in Philadelphia and care for his mother and sister. So the trunks were again unpacked and the doctor again located in the place of his nativity. About that time Homeopathy attracted his attention and from a personal test of its remedies he was led to institute a series of experiments with his patients, the result of which made a Homeopath of him, and a faithful, careful prescriber of Homeopathy he continued until the time of his death. Dr. Kitchen contributed quite generally to the medical literature of the day and took an active part in the organization of the Homeopathic Medical College of Pennsylvania. Up to within a few weeks of his death his mind and memory retained their full vigor, although that memory summed up ninety years of interesting events and incidents, while for seventy long years the doctor had worn the professional harness. His success as a practitioner was undeniable and is to be attributed to his promptness and accuracy. In his death the profession loses a grand member and his family mourn an irreparable loss, a man without guile. Take him for his all in all we shall not soon look upon his like again.